DHMH - 16 60M 7/8 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT

OF HEALTH AND MENTAL HYGIENE RTIFICATE OF DEATH	7	REG. NO.	2	2	5	
		REG. 140.				

516 9	F) .	FOR STATE -OGRIRAR	DEPAR		CATE OF DEATH	ENE REG. NO	2 2 2	5 U
		EASED NAME FIRST	MIOOLE	LA.	ST	20. DATE OF DEATH		EAR 26 HOUR
o th	TTYPE	Josep	oh G.	Ne	umann	Aug.28.1	987	
deoth	3. SE)		4 RACE	5. DATE O		6 AGE (IN YEARS LAST BIRT		TYEAR IF UNDER 24 HE
urs afte		Male	White	Aug.	4,1909 YEAR	78	YRS.	
10 72 ho	7.5	RTHPLACE (STATE OR FOREIGN OUNTRY)	USA	MARRIED WIDOWEI	NEVER MARRIED X	Baltin Baltin		тн
filed with	10 CI	ESSEX	11. NAME OF HOSPITAL, NURS IF NOT IN SUCH FACILITY, GIVE STREE 3735 Bay Dri	ET AODRESS)	sex, Md.	120 USUAL OCCUPATE LIVE OF WORK FOR MOST OF EXTRUDER,	ON 12b. K WORKING LIFE) INDU Revere	Copper 8
r must be	13a S	aryland Ba	ROTHER INSTITUTION GIVE RESIDENCE BEFORM INTO PROPERTY OR TO	WN I	13d INSIDE CITY LIMITS? YES NO 🖺	3735 Bay	zip code Dr. Lsse	x,Md.212
N3	14 FA	THER'S NAME Joseph	MIDDLE Neuma	ann	15. MOTHER'S MAIDEN NAM Matilda		- G	laser
百月 /	16a V	(AS DECEASED EVER IN U.S. AF	IVE WAR OR DATES		17 INFORMANT	ADDRE		
2 8		Yes W.W	213-07	7-3065	Margaret E.	Kramer, 37	35 Bay .	Dr. Essez
hen please remove co ta burial, cremotian, njury, ar ather troumo	NC	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUENCE OF THE TOTAL OR AS A CONSEQUENCE OR AS	UENCE OF		He Heave		ART Ita
permit. I	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION	WAS PERFORMED	20a AUTOPSY?	206 IF YES, WERE IN CERTIFYING CA	FINDINGS USED AUSES OF DEATH?
riol-tronsit entol Hygi frem 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURRI	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR P	ART 2)
os the bu	MEDICAL	21d. INJURY OCCURRED WHILE ONT WHILE OF AT WORK	21e PLACE OF INJURY LAT HOME STREET, FACTORY, OFFICE	FARM, ETC)	211 LOCATION STREET	CITY OF TO	vn (OU	NTY STATE
		22a. certify that (I) (this hosp	pital) attended the deceased from	6 /	19 83	to	. 19	, that (I) (we) i
or use of Heal		saw the deceased alive or	n19.	, on	d that in my) (our) opinian d	eath accurred on the do	ite and hour and fro	om the couses stated
oched for use Dept of Heol		saw the deceased alive or	out yew the body after death		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F	om the couses stated
oched for use Dept of Heol		saw the deceased alive or 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE)	oti view the bedy after death		PEGREE ATTENDING	MEDICAL STAF	F	1
hed for use ept of Heol	23a B	22b. SIGNATULE 22d. PHYSICIANIS NAME (TYPE)	ORPRIND ORPRIND L 23b. DATE 23c	HM .	ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STAF	FIAN (2)	STATE
oched for use Dept of Heol	(22d PHYSICIANS NAME (TYPE)	ORPRIVED A BANGE 1236 DATE 236 8/31/1987 St	HM .	ATTENDING PHYSICIAN DEPAYSICIAN DEPAYS ADDRESS METERY OF CREMATORY S Luth Cemt	MEDICAL STAF	Fian (2)	alto Co

STATE OF MARYLAND

635	8 7 AUG/2	5 87	FOR STATE BEGISTRAR				MENT OF H	EALTH AND MENTAL HY ICATE OF DEATH	RI	2 2 EG. NO	2 6	
	75 (~		CEASED NAME FIRS	1		MIDDLE		AST .	20 DATE OF DEA	HINOM HI	DAY YEAR	26 HOUR
	2 50 19			Alma					8/19/			M
	2 43	1. SE	×.	4. RA	ACE		5 DATE C		6. AGE IN YEARS	AST BIRTHDAY)	MONTHS DATE	
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-	2 42 47		HTHPLACE (STATE OR FOREIG	N 7b €	ITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE C	ITY OR COUN	TY OF DEATH	
•		1	Maryland		U.S.A		WIDOWE		Balt	imore Ca	mby	MD.
	1 11/10/	10 CI	TY OR TOWN OF DEATH			HOSPITAL, NURSII		OR OTHER INSTITUTION	128 USUAL OCC	UPATION	126 KIND	OF BUSINESS OR
5	p 29 98 (LE	Pamballstown			Hill Nursin			1	eview ++	plozest	Publishing, C
212	2 4 A	USU.	AL RESIDENCE (IF NURSING HO	OME OR OTHE	R INSTITUTION	GIVE RESIDENCE BEFOR	E ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDI	RESS / ZIP CC	DE 20	0012
9	2 美沙里的	5	DEVOCATION OF	Mantac	merv	Takora P		YES NO	7117 Syca			50323
2	4 22 9	11.51	THER'S NAME	MIDDI		LAST		15 MOTHER'S MAIDEN NA	IME -	DDLE		AST
1	1 11 /16	11	William T. Will		i.e	(A3)		Unknown	mij	ND LE		K31
2 1	1 1 1 1		VAS DECEASED EVER IN U.	S. ARMED		166 SOCIAL SEC	JRITY NO.		ceeph Ross	ADDRESS		
8 "	1 22 17	1	YES, NO OR UNKNOWN) (IF Y	es, GIVE WAI	R OR DATES)	213-20-3	269 A	12200 Brittany		_	Marylan	3 20700 F
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ai .	fice page ent,		18 CAUSE OF DEATH IEM PART I. DEATH WAS C	AUSED BY		ACUTE	CM	DIO RESPIR	CATONY	ARRE		
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53	tras		Canditians, if any, which gave rise to immedia	te)	1b)	CHF		7300				
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- 0	the de poor			_	(c)							
5,2	trigne bengn o thur popular	z	PART 2 OTHER SIGNIFIC	ANT CON	DITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OF	CONDITION	GIVEN IN PART	110
DIVISION OF VITAL RECORDS	to be been the period of the p	CERTIFICATION	196 DATE OF OPERATION		196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY		YES, WERE FIND TIFYING CAUSE YES []	
TA.	年	1 5	21g. ACCIDENT WAS UNDERLYIN	NG 🗍	21b. TIME C	OF INJURY		21c. HOW INJURY OCCUR				
7 >	CLAN orthon modifie man 18	1 3	OR CONTRIBUTING _ CAUSE			M. MONTH D						
N	NE DEFE	MEDICA	(IF EITHER NOTIFY MEDICAL EX	AMINER)		M. OF INJURY	19	211 LOCATION				
SS	1 1 1 1 p	WE	WHILE I NOT WHILE I	7		REET, FACTORY, OFFICE,	FARM ETC)	STREET	CIT	Y OR TOWN	COUNTY	STATE
> 0	Se de la constante de la const		AT WORK AT WORK				M - 1	2. 011	Į.	110	7	
	No Sept		220.1 certify that (1) (this.		attended th	e deceased fram.	C 100	nd that in (my) (out) opinion	, to	the data and t	. 19 4	, that (I) (we) last
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			774 PHYSICIAN'S NAME	TYPE OR PRIM				22e ADDRESS	WIE BI	/h =/	M. CRILL	REAR
			KIRIC	01	7	15		SIRT CALTIV	restre po	01). 1 11	vic s iso	21048
	5 5 5 5 3 3		BURIAL, CREMATION, REM	OVAL 2	3b DATE	230	NAME OF	EMETERY OR CREMATORY	23d. LOCATIO	N		
	BP		(SPECIFY) Brial		8/21/	87 h	# Ol ÷	e U.M. Church	Parrial 1	stown Bal	COUNTY	STATE MD
		24 F		ring D		neral Dire		lot o.	TE-RES DI BY RECH	STRAR 256; REG	ISTRAR'S SIGN	
	DHMH - 16 60M 7/84 (VRA 15, 4)		8728 Liberty Ro						041 198	June	10 th-o-th).	
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGENE

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-	UII:	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0.		4
		OR PRINCE	FIRST	A	K	NOR	TON	8-29-	MONTH 87	DAY YEAR	3:00PM
	3. SE X	(4. RACE		S. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
-14	F	emale		White		12	21 YEAR 13	73	YRS	MONINS DATS	NOURS MIN.
-	7a BIF	RTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY	? 8 MARRIE	-	1 BALTIMORE CITY O	R COUNT	Y OF DEATH	
5	M	aryland		U.S.	Α.	WIDOWE		RAI TIMORE	= mu	MTV	MD.
_	30	TY OR TOWN OF DEA	ATH	11. NAME OF H	OSPITAL, NURSI	NG HOME C	CHARIES INSTITUTION	120 USUAT OCCUPATI (TYPE OF WORK FOR MOST O		725 KIND O INDUSTRY	F BUSINESS OR
-		altimore	ING HOME OF	OTHER INSTITUTION.	GIVE RESIDENCE BEFOR	RE ADMISSIONS	CIFILLEO OT	Homemake	r		
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		FIRST		MIDDLE	LAST		FIRST	WIDDIE		LAS	
1	-	Jacob			ramer		Eva	ADDRI		Auberma	n
		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMANT				
		No			217-03-	2882	William C. N	orton 108 E	. Sen		
		18 CAUSE OF DEAT	H (Enter or	ly ane cause per	line far (a), (b), a	nd (c)	THE CASE			BETWEEN	MATE INTERVAL ONSET AND DEATH
		PARTI, DEATH W		TE CAUSE (a)	DIFFUSE	HISTH	OCYTIC LYMPHO	MΔ			
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		Canditians, if any	, which	((b)_	and the same		(Cont.)				
		gave rise to ime		DUE TO O	R AS A CONSEQU	IENCE OF	5000				
		underlying cause		(6)	K AS A CONSEGR	SEIVEE OF					
		PART 2 OTHER SIG	NIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AIN AL DISEASE OR CON	DITION G	IVEN IN PART 1:0	a
	Z O										
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7	Ĕ							YES NOT		IFYING CAUSES	NO []
~	E S	21a ACCIDENT WAS UN	DERLYING [216. TIME O			21c. HOW INJURY OCCUR		RY IN ITEM 18	PART I OR PART 2)	
1		OR CONTRIBUTING			M. MONTH [
	MEDICAL	21d. INJURY OCCUR		21e PLACE	M. OF INJURY	19	211, LOCATION				
	W	WHILE NOT WE AT WO	HILE		EET FACTORY, OFFICE	FARM, ETC)	STREET	CITY OR TO	WN	COUNTY	STATE
		AT WORK AT WO			- 4	-1	179 10 8	7. 8/2	d	10 87	
		220.1 certify that (1) saw the deceas	ed alive an	8	29 10	87	nd that in (my) (aur) apinian	death occurred on the d	ate and ha		that (II (we) last
		abave, (1) (we) (it) view the bady	after death.			ocam occurred an me a	are and no		
		22b. SIGNATURE	11	5 1			DEGREE ATTENDING	MEDICAL _ STA	FF	22c DATE	107
		Mich	16	work!		140	PHYSICIAN [DIRECTOR PHYSIC		1/2	9/1/
1		22d PHYSICIAN'S N		OR PRINT)			22e ADDRESS			/	/
1		DR. I	ENOCH								
7		BURIAL, CREMATION,	REMOVAL	23b. DATE	234	NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
	1	Burial		9-1-8	7 D	111222	Valley	Timonium	Ral+4	COUNTY	STATE . Md.
	24 FL	JNERAL DIRECTOR		1 2-1-0			York Rd. 250 DA	TE REC'D. BY REGISTRAR	25b. REGIS	TRAR'S SIGNAT	URE
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DHMH - 16 60M 7/B4 (VRA 15, 4)

STATE OF MARYLAND

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. 74		OR PRINT)		MIDDLE		AST	20. DATE OF DEATH		
d you	a SE		mes Art	nur	OATES		August 18		1:39 PM
i ii w		Male	White		Jan	10,pay 1895an	92		DAYS HOURS MIN
and the Park		RTHPLACE (STATE OR FOR COUNTRY)	na USA	WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED DIVORCED	The state of the s	or County of DEAT	H MD.
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Service Services	130 N		SHOWE OR OTHER INSTITUTION	13t FISSE TOW		13d. INSIDE CITY LIMITS?	130 STREET ADDRESS	zip code stway Soutl	n 21221
100	1	THER'S NAME PIRST David	Oates	LAST		is mother's maiden na First Minnie	Martin		LAST
Proper /		vas deceased ever in yes, no or unknown) (Yes	U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	217 01 8		James W. Oate	APDR	Westway	
requires that the seath in signed to signed by the control control control of burnels or control of the following in lary, or other troumant	NOI	Canditions, if ony, w gave rise to immed cause (a), stating underlying cause PART 2 OTHER SIGNIF	which diote the last. (b) DUE TO, O		na of NCE OF clerc	Colon tic Cardiovas NOT RELATED TO THE TERM			RT Tra
1000	RTIFICAT	190 DATE OF OPERATIO			OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FI IN CERTIFYING CAL YES	JSES OF DEATH?
Phi certical Phi certical Periodiffican of Mental Hy do line 18	MEDICAL CE	210. ACCIDENT WAS UNDER OR CONTRIBUTING CAU (IF EITHER NOTIFY MEDICAL 21d INJURY OCCURRED	JSE OF DEATH EXAMINER) P. 21e. PLACE	M. MONTH DA M.	19	21c. HOW INJURY OCCURE 211. LOCATION STREET	RED (ENTER NATURE OF INJU		
ECTOR After d for use of 1 of Health o m 21 is marke		220 I certify that (I) (the saw the deceased	his haspital) attended th	t 18, 19		nd that in (my) (our) opinian		ate and have and Iram	the causes stated
Stat OR State Or Stat		224 PHYSICIAN'S NAM	OF (TYPE OF PRINT)			ATTENDING PHYSICIAN 1220 ADDRESS	MEDICAL STA	FF	DATE SIGNED
O HOSPIT TO FUNER O FU		BA YIN	Ouns			9000 Fran	klin Square	e Drive 2	21237
BP		BURIAL, CREMATION, RE	MOVAL 236, DATE 8/21/8'	7 Pho	lly H	emetery or crematory ill Memorial	Gardens Town	Baltimore C	o. Md. STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	3	Beral Director	Funeral Ho	HER ROTE	901	Eastern Ave.	ERECO, BY REGISTRAR	THE REGISTRAR'S SIG	NATURE
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

4055 AUG	28	FOR STATE SEGISTRAR		DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	ISNE / 2 2 REG. NO.	2 6	4
: 11 ×	I DE	CEASED NAME FIRST	NAR	MIDDLE		BARA	20. DATE OF DEATH MONTH	DAY YEAR	10:58P _M
ge 4 mo)	3. SE	Male	4 RACE	hite	S. DATE C	13, DAY 1918 YEAR	6. AGE (IN YEARS LAST BIRTHDAY) 68 YRS	MONTHS DATS	IF UNDER 24 HRS. HOURS MIN.
eoth. Po	7a. BI	RTHPLACE (STATE OR FOREIGN COUNTRY)		WHAT COUNTRY	MARRIE WIDOWE	D NEVER MARRIED DE DIVORCED	Baltimore City or Count Baltimore Coun		MD.
S offer o	10 CI	TY OR TOWN OF DEATH Rosedale	11. NAME OF	HOSPITAL, NURSI ICHEACILITY, GIVE STREE IKI n Squa	TADDRESS HO	Spital	17a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING) Superintendent	Betn.	Steel
AND 212	130 5			136. CITY OR TO	WN	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP COD		21206
d within) FA	THER'S NAME Andrew	WIDDIE	Bara		IS. MOTHER'S MAIDEN NAM	WE	LAS	T
BALTIMORE, A	(VAS DECEASED EVER IN U.S. AI (ES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? VE WAR OR DATES) II	166 SOCIAL SEC		Mrs. Judy Di	ADDRESS Dominicus 3825	Belair	Rd. 2121
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BAING PHYSICIAN. The low requires that the death certificate ottending physician. The this certificate has been signed by the attending physics as the burial-transit permit. Then please remove carbon path and Mental Hygiene prior to burial, cremation, or remeand the and Mental Hygiene prior to burial, cremation, or remeand the and Mental Bystows any injury, or other traumatic erect.		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSI IMMEDIA Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, (b)_	RESPI	RAT JENCE OF NO NI	DRY ARRES	NA	BETWEEN	imaté interval Onset and death
At RECORDS, 201 he low requires th on. has been signed it permit. Then plea rene prior to burial one and injury, or	CERTIFICATION	PART 2 OTHER SIGNIFICANT	iple	Sch	DEATH BUT		200 AUTOPSY? 206. IF YE	VEN IN PART IN	NGS USED
O PHYSICIAN: T strending physicians this certificate the burial-transit and Mental Hygicked or hearth 8 sh	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE AT WORK AT WORK	ATH HOUR A	OF INJURY A.M. MONTH [P.M. E OF INJURY TREET, FACTORY, OFFICE	19	21t. HOW INJURY OCCURE 21f LOCATION STREET	RED (ENTER NATURPOF INJURY IN ITEM 18 CITY OR TOWN	PART I OR PART 2) COUNTY	STATE
OR ATTENDI he hospital or the hospital or DIRECTOR, a cocked for use to Dept. of Heal		220.1 certify that XI) (this hosp saw the deceased alive obove, XI) (we) (did (dx X))	ital) attended AUGUST	he deceased fram 20 19 y after death.			, to August 26 death occurred on the date and ha HSICIAN MEDICAL DIRECTOR PHYSICIAN		
TO HOSPITAL		27d PHYSICIAN'S NAME (TYPE	ORPRINT)	N m	b	22e. ADDRESS		1237	
BP	23a E	SURIAL, CREMATION, REMOVAL SPECIEVI Cremation	Aug. 2			ew Memorial	23d LOCATION CITY OR TOWN Catonsville	COUNTY	STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

Leonard J. Ruck Inc. Baltimore, Maryland

23 DATE REC'D. BY REGISTRAR 75% REGISTRAR'S SIGNATURE
AUG 27 1987

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x 4905 Hamelwood Aye. 21205		.c.la	.ojimi	
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sonard J. Rock Inc. 19111 ore, pryling

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGINE CERTIFICATE OF DEATH

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062529 AUG	13	FOR BIATE EGISTRAR			DEPART	MENT OF	EALTH AND	MENTAL HYG	13	G.NO.	2 2	65
y be age 3 deoth		CEASED NAME	FIRST A		R.	0	ER	GIER	20 DATE OF DEA		DAY YEA	AR Zb HOUR
ige 4 mo	3. SE	FEMALE		4 RACE WHIT	E	S. DATE (YE AR 97	6 AGE (IN YEARS LA	ST BIRTHDAY		YEAR IF UNDER 24 HRS AYS HOURS MIN.
death. Po		RTHPLACE (STATE ORFO		76 CITIZEN OF USA	WHAT COUNTRY	MARRIE WIDOW		R MARRIED	9 BALTIMORE CI	-	TIMORE)) MD
201	1	BALTIMORE	1	RIVE	HOSPITAL, NURSI THE FACILITY, GIVE STREE RVIEW NUI	RSING			17a USUAL OCCU ITYPE OF WORK FOR M Houses	PATION OST OF WORKING Vife	G LIFE) INDUS	nd of Business or TRY nemaking
AND 21:	13a. S	ST. A LST LIG	136 COUN Bal	timore	136 CITY OR TO		YES 🗌	NO 🎦		ess/zipco	ope Vagon R	d. 21220
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IMORE, on ond construction		VAS DECEASED EVER I		MED FORCES? E WAR OR DATES)	213-50		17 INFORM		Nally 126			Md. 21220
TON ST., BAL oth certificate ending physici en corbon paper in. ar removal. motic event, the			AS CAUSEI IMMEDIAT	D BY: E CAUSE (0)	R AS A CONSEQU	Co	reno	no 7	lung		BETW	PROXIMATE INTERVAL VEEN ONSET AND DEATH
(DS, 201 W. PRES		Conditions, if ony, gove rise to imm couse 101, stoting underlying couse PART 2 OTHER SIGN	ediote the lost	(c)	R AS A CONSEQU		NOT RELATE	D TO THE TERM	INAL DISEASE OR (CONDITION	GIVEN IN PAR	(T Teo
DIVISION OF VITAL RECORDS NG PHYSICIAN: The law requi- offending physicion. Ifter this certificate has been sig- as the burial-transit permit. The- th and Mental Hygiene prior to arked or frem 18 shaws any ritigit	CERTIFICATION	190 DATE OF OPERATI			ITION FOR WHICH	H OPERATIO	N WAS PERF	ORMED	200 AUTOPSY?	IN CER	YES, WERE FIN RTIFYING CAU YES []	NDINGS USED USES OF DEATH? NO
TYSICIAN: 14YSICIAN: 14YSICIAN: 15 certhicost burial-trong Mentol Hyg	MEDICAL CE	210. ACCIDENT WAS UNDER OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONT	AUSE OF DEA	TH HOUR A.	M. MONTH D	PAY YEAR	ZII LOCAT	ION	ED (ENTER NATURE OF			
DIVISIGNOS PHONO P	ME	while NOT WHILE AT WORK 270 certify that (I) (,	(AT HOME, ST	REET, FACTORY, OFFICE	FARM, ETC)	Oct	· 19 86		Aug	COUNTY	that (I) (we) lost
AL OR ATTER the hospito AL DIRECTOI setoched for ate Dept. of H		sow the decease above, (I) (we) (di 22b. SIGNATURE)			-		nd that in (my	ATTENIDING	MEDICAL DIRECTOR PH	12000		ATE SIGNED - 10-87
TO HOSPITA retained by a TO FUNERA should be de with the Stati		MORRI	SKA	INESS	hA).		1105	Sold Ea	storn 1		2122	1
BP	23a. E	URIAL, CREMATION, R	EMOVAL	235. DATE 8-13-			emetery or					ryland
DHMH - 16 60M 7/84 (VRA 15, 4)	9	asselly	11	17401	1896	eu ;	14	AU	6 1 2 198	RAR 255 REG	SISTRAR'S SIGI	NATURE

	062528 AUS 1387
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THE PARTY OF THE P	

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY _, and that in (my) (aur) apinion death occurred on the date and have and from the causes stated 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 23a BURIAU Files Nevidon Rande

YEAR

IF UNDER TYEAR

INDUSTRY

26 HOUR

126. KIND OF BUSINESS OR

DHMH - 16 50M 1/81 (VRA 15, 4)

064816 SEP

STATE OF MARYLAND

131	FOR STATE REGISTRAR			HEALTH AND MENTAL HYO FICATE OF DEATH	REG. NO	. L		
	DECEASED NAME FIRE	ST /	MIGDLE	IAST	2a DATE OF DEATH		AR 26 HOUR	
		Betty L	ee ORNDO)FF	August 31	1987	6:30	
3. S	EX	4. RACE	5. DATE	OF BIRTH	6. AGE TIN YEARS LAST BIRT			
	Female	White	Ma	y 17 1922 1922	65	YRS.	DATS MIN.	
70	BIRTHPLACE (STATE OR FOREIG COUNTRY) W.VA.	76 CITIZEN OF	MARRI WIDOW	ED *WEVER MARRIED	Baltimore city of		MD	
10	CITY OR TOWN OF DEATH ROSSVILLE	(IF NOT IN SUC	HOSPITAL, NURSING HOME H FACILITY, GIVE STREET ADDRESS) IN Square Hos		12a USUAL OCCUPATION OF WORK FOR MOST OF Retired -	WORKING LIFE) INDUS		
		OME OR OTHER INSTITUTION COUNTY Balto.	give residence before admission 13c CITY OR TOWN MiddleRiver	13d INSIDE CITY LIMITS?	13. STREET ADDRESS / 149 Bengie		21220	
H.	FATHER'S NAME FIRST	WIDGIE	LAST	15. MOTHER'S MAIDEN NA	MIDGLE	==	LAST	
160	WAS DECEASED EVER IN U	.S. ARMED FORCES?	166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRE	SS		
1	no	15. 0112 11111 011 011(5)	233-52-0274	Farl J Orno	Roff Tr 149	Bengies	Rd.21220	
N	PART 2 OTHER SIGNIFIC	DUE TO, O	R AS A CONSEQUENCE OF	IT NOT RELATED TO THE TER/	MINAL DISEASE OR CONE	DITION GIVEN IN PA	RT Ira	
CERTIFICATION	19a DATE OF OPERATION	196 COND	ITION FOR WHICH OPERATION	ON WAS PERFORMED	200 AUTOPSY?			
MEDICAL CER		OF GEATH HOUR A.	FINJURY M. MONTH DAY YEAF M. 19	3	RRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART LORPAI	RT 2)	
MED	AT WORK		REET, FACTORY, OFFICE, FARM, ETC)	211 LOCATION STREET	CITY OR TOV		TY STATE	
	saw the deseased al	haspital attended the	e deceased from Augus 31, 19 87, after death.	and that in (my) (aur) apınian	. 10	2 2 3 17	that (I (we) lost m the causes stated	
	22b. SIGNATURE	rd Bole	7	DEGREE ATTENDING PHYSICIAN	MEDICAL STAR	F	DEATH DE	
	224 PHYSICIAN'S NAME			22e ADDRESS				
	Mag	ged Boles,	M.D.	9000 Fra	nklin Square	Drive- 2	1237	
0.2	DUDIN COSMANICAL OF	01/11 Table B 425	122 NAME OF	CENTERNY OR CREW ATORY	Tast LOCATION			

DHMH - 16 60M 7/84

Burial
24 FUNERAL DIRECTOR Connelly Funeral Home 300 Mace Ave. 21221 (VRA 15, 4)

CITY OR TOWN Holly Hill Cemetery MiddleRiver Balto, Maryland

1550. DATE RECD. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

SEP 4 1987

- sicoidani Pas

DHMH - 16 60M 7/B4 (VRA 15, 4)

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG.	NO.	2	La	0	ರ
DEATH	MONTH	-	DAY	YEAR	7h HO

624	7 4 AUG	121	STATE REGISTRAR			DEPA	CERTIF	ICATE OF DEATH	CIENE	REG. NO.	2	2 6	ರ
•			ECEASED NAME	FIRST		MIDDLE	t	ASI	2a. DATE	OF DEATH MON	NTH DAY	YEAR	26 HOUR
90	age 3		CORTANT	Arlene		June	OTTO		Aug	ust 6.]	1987		3:03P M
30	fer o	3 S	EX		4 RACE		5. DATE C		6. AGE	YEARS LAST BIRTHDA	YI IF U	NDER I YEAR	IF UNDER 24 HRS
96	urs a	L	FEMALE		WHITE		06	20 1921		66	YRS		
h. P.	2 hai	5 74	COUNTRY)			WHAT COUNT	RY? 8 MARRIE	NEVER MARRIED		ORE CITY OR CO			
dear	hin 7	75	MARYLAN		USA		WIDOWE		,	timore (MD.
01 s ofter	by the illed will		ROSSVII	Annual Control of the		ICH FACILITY, GIVE ST	REET ADDRESS)	OSPITAL	TTYPE OF W	LOCCUPATION ORK FOR MOST OF WO SEWIFE			F BUSINESS OR
AND 212	filled in ould be	13a.	JAL RESIDENCE (# STATE ND	NURSING HOME OR 136 COUN BA]	OTHER INSTITUTION	136. CITY OR T	OWN	13d. INSIDE CITY LIMITS? YES NO X	13. STREE	ADDRESS / ZII	CODE LTON	AVE 2	1237
MARYL ed withir	mpletely ad 2 st		ATHER'S NAME PETER		MIDDLE B	ICKFOR	D	15. MOTHER'S MAIDEN N EMMA	AME	WIDDLE	PRJ	TTS AST	
ORE,	dical		WAS DECEASED E	D DE VES CAVI	E WAR OR DATEST		ECURITY NO.	17 INFORMANT		ADDRESS			
TIMO be es	Pogo		TYES IN OR UNKNOWN	n/a	a	21718	4371	A. JOAN C	ONWAY	5381	KING	ART	HUR CI
T., BALI	physicio anpopers emoval.		18 CAUSE OF D PART I. DEAT		ly one couse pe D BY: TE CAUSE (a)	er line for 101, (b	CARDI.	AL INFAN	10710	N		BETWEEN C	MATE INTERVAL ONSET AND DEATH
201 W. PRESTON	ed by the attend please remove ca rrial, cremation, or ather traumoi		Conditions, if gove rise to cause (a), s underlying co	immediate toting the ouse lost	DUE TO, (DR AS A CONSE	OUENCE OF	FIBROS		ACE OR CONDITION	ON CIVEN	IN DADY 1	
RECORDS,	en sign r. Then or to bu	TION											
AL RECO	has been the prior in permit in perm	CERTIFICATION	190 DATE OF OP	ERATION	196. CON	DITION FOR WH	IICH OPERATIO	N WAS PERFORMED	YES [LERTIFYIN YES	G CAUSES	OF DEATH?
OF VIT	certificate riol-transit ental Hygi	4.	21a. ACCIDENT WA	The same of the sa	HOUR A	OF INJURY A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER	NATURE OF INJURY IN	ITEM IS PART I	OR PART 2)	
DIVISION OF	er this the bu and M	MEDICAL	21d. INJURY OCC		21e PLACE	OF INJURY TREET, FACTORY, OFF	ICE, FARM, ETC)	21f LOCATION STREET		CITY OR TOWN		COUNTY	STATE
TTENDIN	CTOR: After for use as at Health (21 is mark		22a. I certify the sow the dec above, (I) (w	t (I) (this hospit ceosed alive an ce) (did) (did no			427	nd that in (my) (aur) apinion	death occur	red on the date of	. 19-	87, 1 d from the d	hot (I) (we) lost causes stated
AL OR A	by the hos ERAL DIREC e detached State Dept. ANT: If Item		226. SIGNATURE	ones	X	Janus		MD ATTENDING PHYSICIAN	DIRECTO	L STAFF	10	8/	7/87
TO HOSPIT	TO FUNERAL should be det with the State		Dr. C	armody,			0	201 E. UN	IVERS	174 PK	lwy.	BAL	
2	ē ⊢ <u>~ 3 ₹ _</u>	230	BURIAL, CREMATIO	ON, REMOVAL			3c. NAME OF C	EMETERY OR CREMATORY	23d. LO	CATION		YINUC	STATE
E	BP		BURIA	L	18/	10/87	GARDE	IS OF FAITH	BA	TTO B	ATTO	MI	
	AH - 16 60M 7/B4 (VRA 15 4)	24	WANTE DIRECTO	Benil	2	ADDRE	ss [] ne.		ATE REC'D. BY	REGISTRAR 256	REGISTRAR	-	URE LANGE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0	1)	23	4	
line	dia	65.00	0	

17	- STATE REGISTRAR		oti Alli	CERTIF	ICATE OF	DEATH	•	. NO.	e lin	0	
	WASED NAME FIRST		MIDDLE		LAST		20. DATE OF DEATH	H MONTH	DAY Y	YEAR	26 HOUR
	Veronic	a.	Peach	Ov	vens			8	10 8	7	9:45a A
1. SE	X	4 RACE		5. DATE O			6. AGE (IN YEARS LAS	(YADHTRIB	IF UNDER	DAYS	IF UNDER 24 HRS
	Female	White		MONT	H 021	97	89	YRS		DATS	HOOKS MIN
в. В	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	- D NEVED		9. BALTIMORE CIT			TH	
	Maryland	U.S.A		WIDOWI	D NEVER	NORCED	Baltimor	e Coun	ty		M
10 C	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN	NG HOME	OR OTHER INS	TITUTION	170 USUAL OCCUP	ATION	12b. K	INDO	F BUSINESS OR
150	Catonsville AL RESIDENCE (IF NURSING HOM		rtin's Ho		or the	Aged	Nurse Nurse	ST OF WORKING	Mea	t P	Eskay ecking
130.	STATE 13b CC		Catonsv:	/N	YES [NO 🏠	301 McHe	ss/zipco chen S	DE _	122	
14. F	ATHER'S NAME	MIDDLE	ŁAST		15. MOTHER	S MAIDEN NA				LAST	
	William	Peach	EASI		Mar	guerite	Do	ory		LASI	
	WAS DECEASED EVER IN U.S.		166 SOCIAL SECU	JRITY NO.	17 INFORMA			DRESS			
r	YES, NO OR UNKNOWN) (IF YES	GIVE WAR OR DATES)	213-03-9	9327	Sr. D	orothy	601 Maide	n Choi	ce La	ne	21225
	18. CAUSE OF DEATH (Enter				1						MATE INTERVAL DISET AND DEATH
HON	PART 2 OTHER SIGNIFICAN Massive M	IT CONDITIONS CO	0. 0		NOT RELATED		AINAL DISEASE OR C	ONDITION O	A SCU	-	2 0
CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	DRMED	YES NO	IN CER	YES, WERE I TIFYING CA YES []		OF DEATH?
	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.		AY YEAR	71c. HOW II	VJURY OCCURI	RED (ENTER NATURE OF	INJURY IN ITEM 1	8 PART I OR P	ART 2)	
MEDICAL	71d, INJURY OCCURRED	21e. PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE,	FARM, ETC)	211 LOCATI STREE		CITY	OR TOWN	COUI	NTY	STATE
	270.1 certify that (II (this has saw the deceased alive abave, (I) (we) (did) (did	an	5/10/19	07	nd that in (my	, 19	death accurred on the	e date and h	aur and Iro	om the d	that (1) (we) last causes stated
	77b. SIGNATURE	e. Rang			M.D.	ATTENDING PHYSICIAN	MEDICAL DIRECTOR PH	STAFF YSICIAN [776.	3/12	-187
	Komal K. Da				27e ADDRES	ss Wilken	s Ave. Ba	1+0 M	a 219	220	
73a	BURIAL, CREMATION, REMOV		73c.	NAME OF C	EMETERY OR		23d LOCATION				
	(SPECIFY) Burial	8/13/	87 Ne	ew_Cat	thedral	Cem.	Baltimo		COUNTY		vland
	UNERAL DIRECTOR					75a. DAT	TE REC'D. BY REGISTI		STRAR'S SI		
E	Hubbard Funera	I Home, I	nc. 4107	Wilke	ans Ave	- AU	5 14 1097	gener	nam (ather	alla	

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR, Afra chould be detached for use as with the State Dept. of Health

MPORTANT, If he

TO HOSPITAL OR ATTEN

thesperior was the a placeine mayor arrival seed exceeding Eugen territory, Axial in

WEBER & SONS INC. 401 S. CHESTER

STATE OF MARYLAND

Baltimore

250 DATE REC'D. BY REGISTRAR 251 REGISTRAR'S SIGNATURE

Mcl.

Julia Devider Pandage

Item 5. Film G631 9-4-87 dw

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/B4

(VRA 15, 4)

Author Control of the State of State of

tely filled in by the funeral director, page 3 2 spould be filed within 72 hours after death

injury, or other

TO FUNERAL DIRECTOR, After this certificate has been signed by should be detached for use as the burial-transit permit. Then pleasit with the State Dept. of Health and Mental Hygiene prior to burial,

ATTENDING PHYSICIAN:

TO HOSPITAL OR ATTEN

BP

DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT: If Hem 21 is morked or Hem 18 shows any

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGLENE

227 2

12	- STATE REGISTRAR		DEPARTMENT (TIFICATE OF DEATH		Gran ding	a.a.	
#	DECEASED NAME FIRST	MIDD	DLE	LAST	REG. NO	MONTH	DAY YEAR	2b HOUR
1 (1	YPE OR PRINT)		70	ADELDEET		0	1 07	22
3.3	GINA	M 4. RACE		ADELETTI TE OF BIRTH	6 AGE (IN YEARS LAST BIRT	THDAY)	1 87	IF UNDER 24 HRS
			M	ONTH DAY YEAR			MONTHS DATS	HOURS MIN.
1	FEMALE BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WH		3 9 04	9 BALTIMORE CITY O	3 YRS	YOFDEATH	
1	COUNTRY)		MAI	RRIED NEVER MARRIED				
- Break	ITALY CITY OR TOWN OF DEATH	U.S.A.		ME OR OTHER INSTITUTION	BALTIMOR			MD. OF BUSINESS OR
1		(IF NOT IN SUCH FA	CILITY, GIVE STREET ADDRESS)	TYPE OF WORK FOR MOST OF	F WORKING LI		DE BOSINESS OR
	BALTIMORE		N NURSIN		Housew:	ife	Own	Home
130	WAL RESIDENCE (IF NURSING HOME COUNTY)		E RESIDENCE BEFORE ADMISS CITY OR TOWN Baltimore	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS			224
15	FATHER'S NAME			15. MOTHER'S MAIDEN NA	ME			
V	Unknown	MIDDLE	Barsi	Julia	MIDDLE		Unkn	
7 160	WAS DECEASED EVER IN U.S. A	RMED FORCES? 16H	SOCIAL SECURITY N		ADDRE	SS	Olikii	OWII
Ł	(YES, NO OR UNKNOWN) (IF YES G	VE WAR OR DATES)	20-22-18	23 Rita Berton	i 751 Aldwo	orth		1222
1					1- NOW			
NC	Canditions, if any, which gove rise to immediate couse (o), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS	100	DF BUT NOT RELATED TO THE TERM				
TIFICATION	Canditions, if any, which gove rise to immediate couse (o), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS (b) DUE TO, OR AS (c) CONDITIONS CONT	S A CONSEQUENCE C	DF		20b. IF YE IN CERTI	VEN IN PART I	NGS USED
CAL CERTIFICATION	Canditions, if any, which gove rise to immediate couse (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING	DUE TO, OR AS (b) DUE TO, OR AS (c) CONDITIONS CONT 19b. CONDITIO 17b. TIME OF INHOUR A.M.	S A CONSEQUENCE C TRIBUTING TO DEATH ON FOR WHICH OPERA NJURY MONTH DAY YE	BUT NOT RELATED TO THE TERM STION WAS PERFORMED 21c. HOW INJURY OCCUR	NINAL DISEASE OR CONE 200 AUTOPSY? YES NO	20b. IF YE IN CERTII	S, WERE FINDII FYING CAUSES ES [NGS USED OF DEATH?
MEDICAL CERTIFICATION	Canditions, if any, which gove rise to immediate couse (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING	DUE TO, OR AS (b) DUE TO, OR AS (c) CONDITIONS CONT 19b. CONDITIO 19b. CONDITIO ATH HOUR A.M. P.M. 21e. PLACE OF	S A CONSEQUENCE C TRIBUTING TO DEATH ON FOR WHICH OPERA NJURY MONTH DAY YE	BUT NOT RELATED TO THE TERM AR 21c. HOW INJURY OCCUR 211. LOCATION	NINAL DISEASE OR CONE 200 AUTOPSY? YES NO	20b. IF YE IN CERTII YE RY IN ITEM 18	S, WERE FINDII FYING CAUSES ES [NGS USED OF DEATH?
	Canditions, if any, which gove rise to immediate couse (o), stating the underlying cause last PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMINI 21d INJURY OCCURRED WHILE ALWORK ALWORK 27a-1 certify that (f) (this hasp sow) the decased alive or	DUE TO, OR AS (b) DUE TO, OR AS (c) CONDITIONS CONT 19b. CONDITIO 19b. CONDITIO 19b. CONDITIO 21b. TIME OF IN HOUR A.M. P.M. 21e. PLACE OF (AT HOME STREET,	S A CONSEQUENCE C RIBUTING TO DEATH ON FOR WHICH OPERA NJURY MONTH DAY YE INJURY FACTORY, OFFICE, FARM, ETC eceased from 19	BUT NOT RELATED TO THE TERM AR 21c. HOW INJURY OCCUR 211. LOCATION	AINAL DISEASE OR CONE 200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUR CITY OR TO.	20b. IF YE IN CERTI YE RY IN ITEM 18	S, WERE FIND II FYING CAUSES ES PART 1 OR PART 2) COUNTY	NGS USED OF DEATH? NO STATE
	Conditions, if any, which gove rise to immediate couse (o), stoting the underlying cause last PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMINI 21d INJURY OCCURRED WHILE ALWORK A	DUE TO, OR AS (b) DUE TO, OR AS (c) CONDITIONS CONT 19b. CONDITIO 19b. CONDITIO 21b. TIME OF IN HOUR A.M. P.M. 21e PLACE OF (AT HOME STREET.	S A CONSEQUENCE C RIBUTING TO DEATH ON FOR WHICH OPERA NJURY MONTH DAY YE INJURY FACTORY, OFFICE, FARM, ETC eceased from 19	BUT NOT RELATED TO THE TERM STION WAS PERFORMED AR 19 211. LOCATION STREET ond that in (my) (aur) apinion DEGREE ATTENDING PHYSICIAN	AINAL DISEASE OR CONE 200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUR CITY OR TO.	20b. IF YE IN CERTIN YE IN TEM 18	S, WERE FIND II FYING CAUSES ES PART 1 OR PART 2) COUNTY	NGS USED OF DEATH? NO STATE that (I) (we) lost causes stated
	Canditions, if any, which gove rise to immediate couse (o), stoting the underlying cause last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING { OR CONTRIBUTING CAUSE OF DI. (IF EITHER NOTIFY MEDICAL EXAMINI 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 22a.1 certify that (f) (this hosp saw the deceased clive of the county of of the	DUE TO, OR AS (b) DUE TO, OR AS (c) CONDITIONS CONT 19b. CONDITIO 19b. CONDITIO 21b. TIME OF IN HOUR A.M. P.M. 21e PLACE OF (AT HOME STREET.	S A CONSEQUENCE C RIBUTING TO DEATH ON FOR WHICH OPERA NJURY MONTH DAY YE INJURY FACTORY, OFFICE, FARM, ETC eceased from 19	BUT NOT RELATED TO THE TERM STION WAS PERFORMED 21c. HOW INJURY OCCUR 19 211 LOCATION 51REE1 . 19 ond that in (my) (aur) apinion DEGREE ATTENDING	200 AUTOPSY? YES NO CITY OR TOW CITY OR TOW death accurred an the do	20b. IF YE IN CERTIN YE IN TEM 18	S, WERE FIND II FYING CAUSES ES PART OR PART ?) COUNTY 19 ur and from the	NGS USED OF DEATH? NO STATE that (I) (we) lost causes stated
MEDICAL	Conditions, if any, which gove rise to immediate couse (o), stoting the underlying cause last PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMINI 21d INJURY OCCURRED WHILE ALWORK A	DUE TO, OR AS (b) DUE TO, OR AS (c) CONDITIONS CONT 19b. CONDITIO 19b. CONDITIO 21b. TIME OF IN HOUR A.M. P.M. 21e PLACE OF (AT MOME STREET.	S A CONSEQUENCE C IRIBUTING TO DEATH ON FOR WHICH OPERA NJURY MONTH DAY YE INJURY FACTORY, OFFICE, FARM, ETC eceased from 19 er death.	BUT NOT RELATED TO THE TERM STION WAS PERFORMED AR 19 211. LOCATION STREET ond that in (my) (aur) apinion DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NO CITY OR TOW CITY OR TOW death accurred an the do	20b. IF YE IN CERTIN YE IN TEM 18	S, WERE FIND II FYING CAUSES ES PART OR PART ?) COUNTY 19 ur and from the	NGS USED OF DEATH? NO STATE that (I) (we) lost causes stated

AND THE RESERVE OF THE PROPERTY OF THE PROPERT

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

2 2 2 7 2

		REGISTRAR			Call. 1111	CALL OF PERSON	REG. NO		
		CRASED NAME FIRST Charles		AIGDLE	Paffo	ord	August 27 1		26 HOUR
/	3. SEX	Male	4 RACE White	e	5. DATE O	F BIRTH LY 19 ^{AY} 1919 ^{AR}		YRS. DAYS	IF UNDER 24 HRS HOURS MIN.
3	С	RTHPLACE (STATE OR FOREIGN Canada	Cana		WIDOWE		Baltimore city or co	County	MD.
)	4	TY OR TOWN OF DEATH ESSEX	614 Ro	ckaway Be	A Höbb	OR OTHER INSTITUTION	176 USUAL OCCUPATION (TYPE SEATILAN) ST OF WOR		OF BUSINESS OR
4	13a. S	Essex MD. Ba		GIVE RESIDENCE BEFORE 13c. CITY OR TOW ESSEX		13d. INSIDE CITY LIMITS? YES NO ** 15 MOTHER'S MAIDEN NAM	13e.STREET ADDRESS / ZIP 614 Rockaw		Ave. 21221
1		THER'S NAME FIRST James VAS DECEASED EVER IN U.S. AR	John	Pafford		Susan IT INFORMANT	Ann	Gree	
	(1		E WAR OR DATES)	086-22-			tley 614 Rock	awayBeach	Ave.21221
		18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA) Conditions, if ony, which gove rise to immediate cause (o), stating the	DUE TO, O	CARDORIORAS RAS A CONSEQUE RAS A CONSEQUE RAS/A CONSEQUE	ESPIK ENCE OF,	Toron April	ELYENS IN	APPRO. BETWEEN	MIND TH
1	CERTIFICATION	PART 2 OTHER SIGNIFICANT OF THE PART OF T			DEATH BUT	NOT RELATED TO THE TERM	200 AUTOPSY? 20b	ON GIVEN IN PART I	
)	MEDICAL CER	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFETHER NOTIEY MEDICAL EXAMINE	AITH .	M. MONTH DA	AY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN II		
	WEI	WHILE NOT WHILE AT WORK		IEET, FACTORY, OFFICE, F	ARM, ETC)	STREET	CITY OR TOWN	COUNTY	STATE
		270.1 certify that (I) (this hosp saw the deceased alive ar abave, (I) (we) (alid) (did no 27b. SIGNATURE	Aug 2	6 19		nd that in (my) (our) opinion of	to Hu 4 X 4		that (I) (we) last couses stated
+		Williss 1 27d PHYSICIAN'S NAME (TYPE	OR PRINT)	Durie .		ATTENDING PHYSICIAN TO 220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	_ 5-	28-87
		WILLIAM	P. M	- CILIRE			wolfe st	BALT.	MD 21205
		BURIAL, CREMATION, REMOVAL CREMATION	236. DATE 8/28			emetery or crematory cyProcessInc.	23d LOCATION CITY OF TOWN Baltimo	ore MAryla	nd STATE
		uneral director OnnellyFunerali	Home 300			250 DAT	E REC'D. BY REGISTRAR 256. I	Lulia Devides	

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

IMPORTANT: If Item 21 is marked a them 48 shaws any injury, ar ather traumatic event, the

STATE OF MARYLAND

13	FOR STATE REGISTRAR			DEPARTM		EALTH AND MENTAL	HYSIENE	REG. N	0.		
	CE ASED NAME	FIRST		AIDDIE		AST /	20 DA		MONTH	DAY YEAR	26 HOUR
		L.	BERNA	ARD	PA	MER			8 -	10-87	40 N
3. SE	Х	4.1	RACE		5. DATE C			(IN YEARS LAST BIR	THDAY	MONTHS DAYS	IF UNDER 24 HRS
	MALE		WHIT	E	Sept			72	YRS		HOOKS MIN.
1/2	RIHPLACE (STATE OF COUNTRY) ensvlvan		U.S.Z	WHAT COUNTRY?	MARRIE!	XXNEVER MARRIED	- 10	TIMORE CITY O	A P	TY OF DEATH	eff
1) C	OUL SON) II	SHOT IN SUC	HEACILITY, GIVE STREET	G HOME C	PROTHER INSTITUTION	1 12a US	SUAL OCCUPAT DE WORK FOR MOST O ALES PE	F WORKING	LIFE) INDUSTRY	or susings or
13a	AL RESIDENCE (IF NUI STATE ARYLAND	BALTI		GIVE RESIDENCE BEFORE 13c. CITY OR TOWN 21204	4	13d INSIDE CITY LIMIT YES NOX	41.7	REET ADDRESS AIRWA	ZIP CO	DE IRCLE	21204
IA. F.	ATHER'S NAME FIRST	Bern	7	PALMER	, Sr	15. MOTHER'S MAIDER FIRST Edit		Boeke		Camp	
	WAS DECEASED EVE YES NO OR UNKNOWN)	(IF YES GIVE W	AR OR DATEST	166 SOCIAL SECUI		17 INFORMANT PATRICIA	м. Р	ADDR ALMER ‡		21 irway C	204 ircle
	Conditions, if an gave rise to in cause (a), stat underlying cous	y, which nmediate ing the	DUE TO, OF	R AS A CONSEQUE	NCE OF	etodie Ca	ucer	01 200	9		
NO	PART 2 OTHER SIG	GNIFICANT COI	NDITIONS CO	NTRIBUTING TO D	EATH BUT	NOT RELATED TO THE	TERMINAL D	ISEASE OR CON	DITIONG	IVEN IN PART 1	ō
CERTIFICATION	19a DATE OF OPER	ATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a YES	AUTOPSY?	IN CERT	ES, WERE FINDIE TIFYING CAUSES YES [
1	218. ACCIDENT WAS UP OR CONTRIBUTING	CAUSE OF DEATH	216 TIME O HOUR A./	M. MONTH DA	Y YEAR	21c. HOW INJURY OC	CCURRED (E	NTER NATURE OF INIT	RY IN ITEM TO	B PART I OR PART 2)	
MEDICAL	WHILE NOT WAT WORK	VHUE	21e PLACE (OF INJURY EET FACTORY, OFFICE FA	ARM ETC)	211 LOCATION STREET		CITY OR TO)wN	COUNTY	STATE
	22s. I certify that (saw the desa		8/10	19 6	8/ or	nd that in (my) (bur) as	, to inion death o	ccurred on the d	ate and h	our and from the	that (I (we) lost causes stated
	226 SIGNATURE	10	0	udoski	-	DEGREE ATTENDI	NG MED	ICAL STA	FF .	22c DATE	

TO FUNEFAL DIRECTOR.

DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL SPECIFY)
BURIAL

23c NAME OF CEMETERY OR CREMATORY

22e ADDRESS

Stella Maris

2300 Dulaney Valley Rd.-Towson, BALTIMORE COCOUNTY MARYLAND

PARK

13,'87MORELAND MEM. JOHNSON 8521 LOCH RAVEN BLVD AUG 12 987 24 FUNERAL DIRECTOR

Carla S. Alexander, M.D.

062	912	AUG	718	STATE Per Dischar REGISTRAR	ge Papers DEF	PARTMENT OF H	EALTH AND MENTAL DICATE OF DEATH	GIENE REG. NO	2274
	110	0		CEASED NAME FIRST CA	rmine MIDDLE Jos	eph '	AST Palumbo	20 DATE OF DEATH M	NONTH DAY YEAR 26 HOUR
	o e g	10	(TYPE	CARMINI CARMINI			180, St:		7 35 87 8.170 11
	poge proge		3. SE		RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTH	IF UNDER LYEAR IF UNDER 24 HRS
	cto.			male	white	MONTH	DAY YEAR	65	MONIHS DATS HOURS MIN
	Pog	87			& CITIZEN OF WHAT COU	VTRY? 8		RAITIMORE CITY OF	COUNTY OF DEATH
	erol 2	504		ARYLAND	U.SOLA.	WIDOWE	DINEVER MARRIED		RECO WA
	1 41/	2		TOR TOWN OF DEATH	1. NAME OF HOSPITAL, N	IURSING HOME C		12a USUAL OCCUPATIO	N 126 KIND OF BUSINESS OR
5	5 1 B	易人	70	usow, m.	ST SOSEPH	STREET ADDRESS)	TAL.	RETIRE I	
21.30	VI	200	USU	AL RESIDENCE (IF NURSING HOME OR	THER INSTITUTION GIVE RESIDENC	E BEFORE ADMISSION)		Yardmaste	r
9	3 3	10	130.	BALLA		NIUM	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS /	1 / 7 :
YEA	1 10	200	19.54	THER'S NAME			15. MOTHER'S MAIDEN N	AME	721
AAR	P P			Sabatino	Palu		Domenica	3JODIW	Caprinolo
w	1 37	9 .		VAS DECEASED EVER IN U.S. ARA	AED FORCES? 166 SOCIA	SECURITY NO.	17. INFORMANT	ADDRES	
IMOR	Pogs	ped/		res no or unknown) IIF yes give	WAR OR DATES) 219-0	1-8552	Alice M. Pa	lumbo, same	as 13e.
TIAL	ote b	4		18 CAUSE OF DEATH (Enter onl		Ib), and ici			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
7	phy phy	1		PART I. DEATH WAS CAUSED	CAUSE (O) CARD	10PILIM	ONALY A	PREST	
N N	orbo	otic			DUE TO, OR AS A CON	SEQUENCE OF	_		
EST	deor de	900		Conditions, if any, which	//	MONAR	4 EDFM	7 - Acute	
8	1 1 N	2		gave rise to immediate couse (a), stating the	DUE TO, OR AS A CON	SEQUENCE OF			
3	thot the	r oth		underlying cause last	10 HOV	/ /	EURYSM -1	NOPERABLE	
5, 20		larly, a	z	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTIN	G TO DEATH BUT	NOT RELATED TO THE TER	RMINAL DISEASE OR COND	TION GIVEN IN PART To
COR	1 12	177	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR V	VHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDINGS USED
8	9 4 5 6	1	FE					YES T NOT	IN CERTIFYING CAUSES OF DEATH? YES \(\bigcap \text{NO} \(\bigcap \)
ITA	Signal Property	3/	ERI	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c. HOW INJURY OCCU	IRRED (ENTER NATURE OF INJURY	<u> </u>
4	Physical Phy	4	5.1	OR CONTRIBUTING CAUSE OF DEAT					
Z	ding ding	2/	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19	21f. LOCATION		
VIS	ond the	P.	×	WHILE NOT WHILE D	(AT HOME STREET, FACTORY	OFFICE, FARM ETC	STREET	CITY OR TOW	N COUNTY STATE
ō	DIN OF STREET	e e		220.1 certify that (1) (this hospit	ol) attended the deceased	from	25 / 19.5	7 to 7/2	19 17, that (1) (we) last
	NA CONT	4		sow the deceased alive on above, (1) (we) (did) (did nat	1/ / 20	12 -	d that in (my) (our) opinio	n death occurred on the dot	e and hour and fram the causes stated
	A WELL	6		22b. SIGNATURE	view the bady after death.		DEGREE		22t DATE SIGNED
	Da Dag			11.11	1/		ATTENDING PHYSICIAN	MEDICAL STAFF	
	PITA De d	37		278 PHYSICIAN'S NAME (TYPE OR	PRINT	July)	220 ADDRESS	- DIRECTOR - THISTEIN	1//2/1
	AND	8/		SHIPXEY -	THOMPSON)	00	Sr. Tosk	PH 15 HOSP	1 Towson MD
	51 54)	3	23o	BURIAL, CREMATION, REMOVAL	23b DATE	23¢ NAME OF C	EMETERY OR CREMATOR	23d LOCATION	
	BP		E	Specify (1)	7/29/87	Dulaney	Valley Mem.	Gardens Tim	onium Balto. Md.
	DHMH - 16 60/	N 7/84	-	NERA DIRECTORS ///	Ann		25a D	ATE REC'D BY REGISTRARIZ	SE REGISTRAR'S SIGNATURE
	(VRA 15,		J,	E. Lowell Lemr	non, 10 W. P	adonia R	d. JU	L 28 198/	Juica Descery Readers

Items 16a Film G631 9-3-87 SB STATE OF MARYLAND

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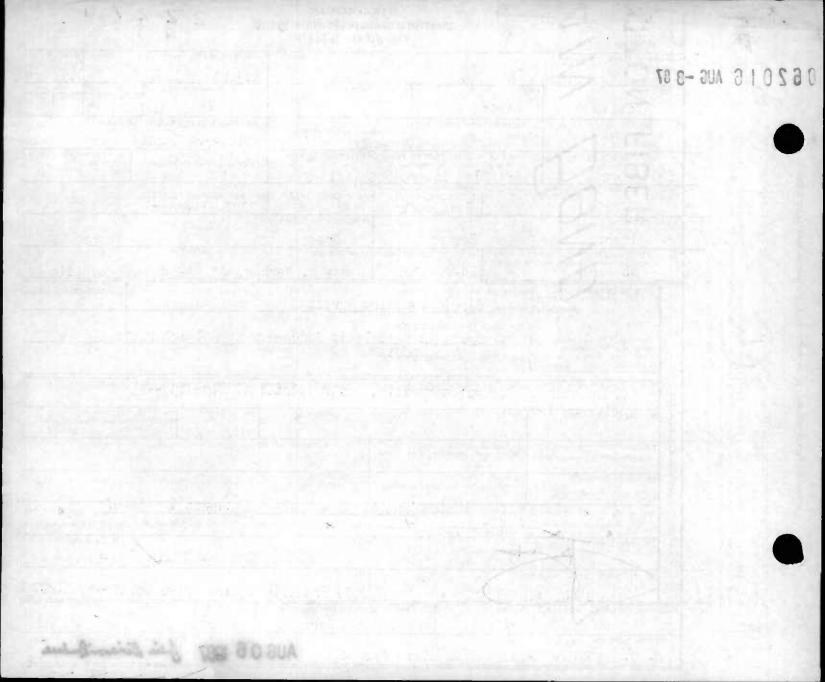
STATE OF MARYLAND

1	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL BY	GIENE REG. NO	dia da		
	ECEASED NAME FIRST	MI	DDIE	l	AST .	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
B	87 01ga		В.		ARKER		1987		B:42 3
3. S		4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIRT		MONTHS DAYS	HOURS MIN.
L	female	black		9	3 1911	75	YRS.		
70.	BIRTHPLACE (STATE OR FOREIGN COUNTRY) M.d.	76. CITIZEN OF W	HAT COUNTRY?	8. MARRIE	D NEVER MARRIED	9. BALTIMORE CITY O			
	Md		OCBATAL AUABOIN	WIDOWE	DR OTHER INSTITUTION	Baltimore			MD OF BUSINESS OR
B	CITY OR TOWN OF DEATH Baltimore	Frank	FACILITY, GIVE STREET A	re Ho		(TYPE OF WORK FOR MOST O		EEL INDUSTRY	
130	UAL RESIDENCE (IF NURSING HOMEO) STATE 13b. COUL	ROTHER INSTITUTION G NTY	Baltimor	N	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / 3703 Ellar			21215
14.	FATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN N.	AME		LA	ST
1	Albert		Bowers		Grace			Thor	
16a.	WAS DECEASED EVER IN U.S. AF	VE WAR OR GATES)	66 SOCIAL SECU		17 INFORMANT	ADDRE	SS		
	(YES, NO OR UNKNOWN) (IF YES, GI	2	14-40-48	03	Harry R. Pa	rker, Jr 864	8 Wor		ntain Wa
NO	gave rise to immediate course in stating the underlying course loss. PART 2 OTHER SIGNIFICANT CRESCENTER	CONDITIONS CONTINUE T		Ttis	,~Gastronites	tithate Breedt	MBnei	VEN IN PART 1	10
CERTIFICATION	THE DATE OF THE PROPERTY OF	SO FACTONDIT	ION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		S, WERE FINDE	
E						YES NOX	1	ES 🗌	NO 🗌
100	CRECOMPRISONAL TELEVISION	HOUR A.M	. MONTH DA	YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJUS	Y IN ITEM 18	PART I OR PART 2)	
MEDICAL	THE INJURY OCCURRED	21e PLACE O (AT HOME, STREE	F INJURY ET, FACTORY, OFFICE, F	ARM ETC)	21f LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	270. I certify that M (this hosp sow the deceased alive or above, M (we) (did) (did)	August	1 19 0		nd that in (💓) (our) apinion	to August	I ote and has	19 01 ur and from the	, that 🌠 (we) last e causes stated
	27E SIGNATURE	nt			DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	F IAN	8-1-	E SIGNED 87
1	Jan Bachow	ski MD			9000 Frankli	n Square Dri		altimor	e 21237
230	BURIAL CREMATION, RIMOVAL	23b. DATE 8/7/8			EMETERY OR CREMATORY Mem Park	23d. LOCATION CITY OR TOWN Arbut	us	COUNTY	State
74.	FUNERAL DIRECTOR				250 D	ATE REC'D. BY REGISTRAR	25) REGIS	2 4	TURE -
1	Wm. °C. March F/⊦	West 4	300 Waba	sh Av	enue AU	G O 6 1987	Julia	Deugen.	Kandally

4300 Wabash Avenue

DHMH - 16 60M 7/84 (VRA 15, 4)

Wm. C. March F/H West



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DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	9	2	2	17	-
REG. NO.	Bloom .	7.3			

Ц		GISTRAR					REG. NO	D. 111	5	-	Sec.	1
?	1. BYEA	SED NAME FIRST FIRST F.		Paulso		AST	20. DATE OF DEATH	8	16	8.7	2b HO	PM
ı	3 SEX	F 4.	RACE W		5. DATE O	DAY YEAR	6. AGE (IN YEARS LAST BIRT	YRS	MONTHS	ER I YEAR DAYS	HOURS	R 24 HRS
-	7a. BIRTHI	PLACE (STATE OR FOREIGN 76 th Dakota	CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	Baltimore city o	R COUNT				MD.
1	_ 1	Towson	Manoy	HEACHLITY GIVE STREET	ADDRESS U	OR OTHER INSTITUTION	120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF Teacher	F WORKING		KIND OI DUSTRY Sch	F BUSIN	
1	13a. STAT	Md.		Baltimo:	N	13d. INSIDE CITY LIMITS? YES 🔀 NO 🗌	13e.STREET ADDRESS / 500 W. Un:			Pkwy	y •	21210
)	Louis 0. To		LAST			zabeth Johns			LAST		
-		DECEASED EVER IN U.S. ARMINO OR UNKNOWN) (IF YES, GIVE V	ED FORCES?	16h SOCIAL SECU	IRITY NO.	Mr. Ronald H.	Paulson 2		St. 1	Paul		
	Cc gr	CAUSE OF DEATH (Enter only) PART I. DEATH WAS CAUSED IMMEDIATE anditions, il ony, which ove rise to immediate base (a), stating the inderlying cause last	DUE TO, OI (b) DUE TO, OI (c) DODO TIONS CO	RAS A CONSEQUER RAS A CONSEQUER RAS A CONSEQUE	ENCE OF	Set Diake	petes	DITION G	EIVEN IN	PART 110	,	
1	CERTIFICATION	DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20e AUTOPSY?	IN CERT		E FINDIN CAUSES		TH?
	CAL	ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH IF EITHER NOTIFY MEDICAL EXAMINER) INJURY OCCURRED	21b. TIME O HOUR A P	M. MONTH D.	AY YEAR	211 LOCATION	Welve III			R PART ?)		STATE
ı		MILE NOT WHILE NORK AT WORK	12 11 11	EET, FACTORY, OFFICE, E		STREET	CITY OR TO	WN	10.	1.77		
		sow the deceased alive on above, (I) (we) soid (id not)			841 .01	nd that in (my) (our) opinion (death occurred an the do		our and			tated
		SIGNATURE N	1.8	owie	カク		MEDICAL STAF	F IAN 🗌	2	8/17	SIGNED	7
	22d	John W. Bow				500 W. Univ	ersity Pkwy		2	1210		
	23e BURI (SPEC	al, cremation, removal Burial	23b. DATE 9/3/8			emetery or crematory a Cemetery	23d LOCATION CITY OF TOWN Plaza	, Nor	cth I	Dakot		STATE

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

FOR STATE

24 FUNERAL DIRECTOR MITCHELL-WIEDEFELD HOME, Inc. 6500 York Rd.

250 DATE REC'D. BY REGISTRAR 251, REGISTRAR'S SIGNATURE

ALIG 20 1987

Julia Dandon Radae

			EN SELMI		10
	2:	100 20 100			
		day ye			ato a san
a.Foo o go	200				0 - 10
inserv. 1	6		noti me		.54
020	0 0500			/ to to to	ai c
222 se. sed se1		The Lord		work over one took more	0
, or other states of the state			C VY 52 AND		
o, or ota		/; cz			ri-1

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH

2 2 2 7 7

USA MARRIED NEVER MARRIED	MONTH DAY YEAR 2d HO RECITY OF COUNTY OF DEATH imore County ATION (TYPE OF WORK 12b KIND OF BUSINESS OR INDUSTRY Gas Statio) Shtana Lane 21237 ADDRESSO BOX 650
Married Never Married Ne	imore County ATION (TYPE OF WORK IND OF BUSINESS OR INDUSTRY Gas Statio: Shtana Lane 21237 ADDRE LAST ADDRESSO Box 650 5 Short Lane Balto, Marre 2121244
ESSEX Franklin Square Hospital Attenda	or industry Gas Statio Shtana Lane 21237 Ther Abtress Box 650 5 Short Lane Balto, Marres Arthurya
13 13 13 13 13 13 13 13	Abres Box 650 5 Short Lane
Jerry Pell 16a WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR LINKNOWN) 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditions, if ony, which gove rise to immediate cause (a) stating the underlying couse lost: PART 2 OTHER SIGNIFICANT CONDITIONS CONTENDITING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)	Abres Box 650 5 Short Lane Balto, Marrollin Grava
(YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 214 64 4876 Robert L. McCartney 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple blunt trauma of head Canditions, if ony, which gove rise to immediate cause (a) stating the underlying couse lost: (b) DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)	5 Short Lane
PARTIDEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple blunt trauma of head Canditions, if ony, which gove rise to immediate cause (a) stating the under-lying couse lost. (b) DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF (c) PARTIZ OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to	
196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 216 EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR A M MONTH DAY YEAR 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY HOUR A M MONTH DAY YEAR 211.	20 AUTOPSY? YES ½
S CONTRIBUTING CAUSE OF DEATH 6:20AM 8-15-87, subject beaten	URY IN ITEM 18 PART I OR PART 2)
216. INJURY OCCURRED WHILE NOT WHILE AT WORK Taken, FACTORY, FARM, ETC.) gas station 216. PLACE OF INJURY (AT HOME. STREET CITY OR TOWN STREET 2929 Eastern Blvd.	Baltimore Co.,Md.
270. 1 certify that I took charge of the remains described above, held on Autopsy A. Inspection Inquiry death resulted from hateral causes	DATE 0 15 07
EXAMINER'S NAME Mario F. Golle, Jr., M.D. ADDRESS 111 Penn Str	
236 BURIAL CREMATION, REMOVAL 11 DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION Gardens of Faith Cemetery Balti	eet

ate of the last of the sale The Committee of the Co the . I would'd that the birth to and all the collection

BP.

DHMH - 16 60M 7/B4 (VRA 15, 4)

16,1783

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

STATE OF MARYLAND 2 2

	ļ	FOR STATE REGISTRAR	DEPART		EALTH AND MENTAL HYD		La En	lin .	du .
4	91	CEASED NAME FIRST	MIDDLE		AST .	REG. NO	MONTH DAY	YEAR	21 110112
		OR PRINT)	The Paris	10/42	0 >	20. DATE OF DEATH	08 03	8	TA DO M
4	3. SEX	VOINIC	RACE	S. DATE C	OE BIDTU	6. AGE (IN YEARS LAST BIR	0000	NDER 1 YEAR	IF UNDER 24 HRS
4	3. 367	1100	1 NACE	MONTH	DAY YEAR	O. ACC (INTERNSTRATION	MONT		HOURS MIN.
	-	Marce	white	12	09 02	84	YRS.		
4		RTHPLACE (STATE OR FOREIGN)	Th CITIZEN OF WHAT COUNTRY	MARRIE	NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF	DEATH	
1		ryland	USA	WIDOWE		Boutton	u or c	ount	1- MD.
5	14	audalls town	11. NAME OF HOSPITAL, NURSI LIF NOT IN SUCH FACULTY, GIVE STREE	TADDRESS)	or other institution	TYPE OF WORK FOR MOST O	F WORKING LIFE)	126 KIND OF INDUSTRY Self-e	mploved
1	13a. S	4.0	TY 114. CITY OR TO	WN L	13d INSIDE CITY LIMITS?		ZIP CODE	dfd	21163
9	14. FA	THER'S NAME FIRST A	NIDOLE LAST		15. MOTHER'S MAIDEN NA	WE		LAST	
201	1	George Was	hington Peltze	er	Mary	Beline	da	Belt.	
		AS DECEASED EVER IN U.S. ARA		URITY NO.	17 INFORMANT Wood	stock ADDRE	SS MD	2116	3
9	-	res, no or unknown) (1F yes, give	WAR OR DATES) 216-30	1-013/		E. Peltzer		Hernwo	
3	ì		y one couse per line for (a), (b), a	ndici	inis. Dolothy	L. FEILZEI	3012		ATE INTERVAL
		PART I. DEATH WAS CAUSED	BY:					- freed	16
١		IMMEDIATE	CAUSE 10)						19
			DUE TO, OR AS A CONSEQU	- 1	· Coul-	-1-		Jur	10.
		Conditions, if ony, which gove rise to immediate	(b) YVV90	cava	Late Wood	CINON -			4
		couse (o), stating the underlying couse lost.	DUE TO, ON AS A CONSEQU		(Parai.	1 Stewn)			
		onderlying coose lost.	10 M Edon	us	Tooch	n orcin)			
	NO	PART 2 OTHER SIGNIFICANT C	ONDITIONS <u>CONTRIBUTING TO</u>	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN I	N PART 110	
	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICE	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WI		
	F					YES TI NOT	IN CERTIFYING	G CAUSES O	NO T
	H.	210. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY		21c. HOW INJURY OCCUR		_	OR PART 2)	
žΙ		OR CONTRIBUTING CAUSE OF DEAL	" 1	DAY YEAR					
	MEDICAL	JIF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19	211 LOCATION				
	ME	WHILE NOT WHILE	(AT HOME STREET, FACTORY, OFFICE,	FARM ETC)	STREET	CITY OR TO	WN	COUNTY	STATE
		AT WORK			1				
		22a. Certify that (1) (this hospite		87	5 0 5 19 87	1006/03	. 19_		ot (I) (we) lost
		sow the deceased alive on above, (1) (we) (did not	view the bedy oftendenth.	01,01	nd that in (my) (our) opinion	death occurred on the do	te ond hour on	d from the co	ouses stated
-		22b. SIGNATURE	· solo /		DEGREE			22c. DATE SI	IGNED
8		TOM	W Pro		M ATTENDING PHYSICIAN [MEDICAL STAF		081	03/89
7		22d. PHYSICIA I'S NAME (TYPE OR	PRINT)		22e ADDRESS		Λ	MA7:	1122
		5.L.	GUPTA		Balto Co	Gen 4688	1 Rand	alleto	wn
	23a B	URIAL, CREMATION, REMOVAL	23b. DATE 23c.	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	cc	OUNTY	STATE
		Burial	8-5-87 Gr	anite	Church Cem.	Granite	Baltimo	ore 1	MD
	24 FU	NERAL DIRECTOR Loring	Byers Funeral			TE REC'D. BY REGISTRAR	255 REGISTRAR	SSIGNATH	RE
	87	28 Liberty Rd.			21133	G 0 4 4097	Total Bu	erdon-Ki	inde

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO. 26 HOUR 30 20 DATE OF DEATH MONTH AGE LIN YEARS LAST BIRTHDAY IF UNDER 24 HRS IF UNDER LYEAR 52 BALTIMORE CITY OR COUNTY OF DEATH

Sheppard 4 RACE 5. DATE OF BIRTH 3 SEX Female White To. BIRTHPLACE ISTATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY?

U.S.A.

Barbara

MARRIED NEVER MARRIED WIDOWED DIVORCED

Peppler

Baltimore County 12a USUAL OCCUPATION

MIDDLE

12h KIND OF BUSINESS OR Homemaker

Fischer

APPROXIMATE INTERVA

Towson USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Maryland

10. CITY OR TOWN OF DEATH

Maryland

Baltimore

18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)

136. CITY OR TOWN

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

13d INSIDE CITY LIMITS? 15 MOTHER'S MAIDEN NAME

15435

7331 YORKLOWNE Dr. 21204

14 FATHER'S NAME

FOR

REGISTRAR

DECEASED NAME

- STATE

LIYPE OR PRINTS

Clarence

Sheppard Parker

7331 Yorktowne Dr.

17 INFORMANT

ADDRESS

60 WAS DECEASED EVER IN U.S. ARMED FORCES? LYES NO OR UNKNOWN (IF YES GIVE WAR OR DATES) no

PART I. DEATH WAS CAUSED BY

166 SOCIAL SECURITY NO. 20-30-5214

Michael E. Peppler

Effizabeth

7331 Yorktowne Dr.

206 IF YES, WERE FINDINGS USED

YES [

IN CERTIFYING CAUSES OF DEATH?

Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.

19a DATE OF OPERATION

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

210	ACCIDENT WAS UNDERLYING
OR	CONTRIBUTING CAUSE OF DEATH
11	FEITHER NOTIFY MEDICAL EXAMINER)

21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 21e. PLACE OF INJURY

21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

NO

and that in (my) our) opinion death occurred on the date and hour and from the causes stated

20a AUTOPSY?

AT HOME STREET, FACTORY, OFFICE, FARM, ETC 1 NOT WHILE

211 LOCATION CITY OR TOWN STREET

STATE

NO [

220 I certify that (1) this haspital) attended the deceased from sow the deceased alive on obove, (1) (we) (did) (did not) new the body alter death

DEGREE

NOW

ATTENDING MEDICAL PHYSICIAN

STAFF DIRECTOR PHYSICIAN 22c DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL

226 SIGNATUR

Burial

23b DATE 8/24/87

23c. NAME OF CEMETERY OR CREMATORY Parkwood Cemetery

Ball'Imore

COUNTY

24 FUNERAL DIRECTOR DHMH - 16 60M 7/84

CERTIFICATION

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8

(VRA 15, 4)

BP.

ould be detoched the store Dept.

shour th t

Mitchell-Wiedefeld 6500 York Rd. 21212

250 DATE REC'D, BY REGISTRAR Db. REGISTRAR'S SIGNAUR

Md .STATE

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		TO SHIRT WITH THE STATE OF THE			
oute on enember 70		#	0 10		
100	carell		Court (tep. 13)		
and the later with					
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		B - Royal March			
13/4/8		-laghter and			
Light State State Control			(Long		
2-15-1	- mary limit		Zn=v		
- 100 DE 100 DE	S BUA	out Performed to Breat	11-11-10-12		

STATE OF MARYLAND

64033 AUG	18 8	FOR STATE REGISTRAR			DEPAR		EALTH AND MENTAL HYG ICATE OF DEATH	REG. N	40.	0
			riest		AIDDLE	1	AST	2a. DATE OF DEATH		YEAR 26. HOUR
2 75	lune.	JOFI		Le	on	PF	TRF	8/22/8	7	10:28P M
0 0 0	1, SEX	- Commission	4 F	RACE		5. DATE C	DF BIRTH	6 AGE (IN YEARS LAST BI	RTHDAY) IF UNDER	
4 90	MAL	E		WHITE		2/	08/19	68	YRS	52.5 1.00X3 XXIV.
1 184	- 0	THPLACE 114TE DAFOR OUNTRY Marvland	7b	U.S.A	WHAT COUNTRY	MARRIE WIDOWE	NEVER MARRIED	D	OR COUNTY OF DEA	ATH MD
811 47	10.00	Y OR TOWN OF DEATH	11.	NAMEOF	OSPITAL, NURS	ING HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPAT	OF WORKING LIFE) INDI	
tilled in the state of the stat	USUA 13a. S	CARCOLANA E	HOME OR OTH COUNTY		give residence before 13a. CITY OR TO New Win	WN	I3d INSIDE CITY LIMITS? YES 🗷 NO	manager 13. STREET ADDRESS 500 Main	/ ZIP CODE	ood services
d with	17	David	MIDI R		Petre		15 MOTHER'S MAIDEN NA FIRST Lizzie	WE	Show	walter
and condition		'AS DECEASED EVER IN	IF YES, GIVE W		220-09-		D. Jean Petre	P.O. 1885		
(3)		18 CAUSE OF DEATH IN PART I. DEATH WAS		Y	220 07	and (C).1-		NEW WIN		APPROXIMATE INTERVAL ET WEEN ONSET AND DEATH
that the degree est d by the a cope como. of, cremation	3	Conditions, if any, w gave rise to immed cause (a), stating underlying cause		(b) B (RAS A CONSEQ RAIN TUM RAS A CONSEQ	OR (GL	IOGLASTOMA MU	LTIFORM)		
fore requires os been signe errori. Then pl er price to bot	TION						NOT RELATED TO THE TERM			
AG PHYSK (IAN. The low attending physicion. The this centracin has be not the bursh from the th and Memol Phygiene pri orized or them 18 shows an	RTIFICAT	19c DATE OF OFERATIO	IN	196 CONDI	TION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE IN CERTIFYING C YES	CAUSES OF DEATH?
a physic anti-con contract con	CAL CE	21a. ACCIDENT WAS UNDER! OR CONTRIBUTING CAU (IF EITHER NOTIFY MEDICAL	SE OF DEATH	21b. TIME O HOUR A.: P.:	M. MONTH	DAY YEAR	31¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	URY IN ITEM 18 PART 1 ORP	2ART ?)
O PHYS affection this cand Med or	1 2	21d INJURY OCCURRED		21e PLACE	OF INJURY EET, FACTORY OFFICE	E, FARM ETC)	211 LOCATION STREET	CITY OR TO	OWN COU	UNITY STATE
TENDIN utel or TOR at M Health		22a I certify that (I) (the saw the deceased	olive on		19		nd that in (my) (our) opinion	death occurred on the c	dote and hour and fro	that (II (we) last
the houp the houp at DIRECT Selected 5 Selected 5	0	obove, (I) (we) (did) (did not) v	iew the body	otter deoth.		DEGREE ATTENDING PHYSICIAN [MEDICAL STA	AFF _	a. DATE SIGNED
HOSPITA Burned by Do FUNER Budd be d The Sta		THAIS GR					GBMC 6701 N	. Charles S		n .MD
RE EDIZ		URIAL, CREMATION, RE		236 DATE	230	NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNT	

DHMH - 16 60M 7/84

(VRA 15, 4)

24 FUNERAL DIRECTOR D. D. Hartzler

Buria1

NEw Windsor, MD

8/25/87

Meadow Branch Cemetery nr. Westminster Carroll
250. DATE REC.D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

AUS 2.6 1987.

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ofter page 3

filled in by the foolid be filed with

FOR STATE

	STA	TE	OF	M	ARYL	AND	
-	 . 0.			***			

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

		REG.	NO.
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H					1.1	AST	A DATE OF DE	ATH MONTH	DAY YEAR	25 HO	IP
	CEASED NAME	FIRST	^	AIDDLE			Zo DATE OF DEA	AIII MOIIII		20 110	J K
(178)	- ON ERINIT	WILLIA	M	J.	PE	ETTINGILL	AUGUS'	Г 3, 198	37	5:00	AM
3. SE	X	4.	RACE		5. DATE O		6. AGE IN YEARS	LAST BIRTHDAY)	IF UNDER 1 YE		R 24 HR
	MATE		WHIT	'E	MONTH TITT V	7 6, 1914	73	YRS.	MONTHS DA	TS HOURS	M II
H. BI	MALE IRTHPLACE (STATE)	OR FOREIGN 75		WHAT COUNTRY?	8		9 BALTIMORE				
	COUNTRY)		TT 0	A		DIN DIVORCED	BAT	TIMORE C	VTINTY		,
10 CI	MARYLAND	EATH 1	U.S.		WIDOWE	R OTHER INSTITUTION	12a USUAL OCC		125 KIN	D OF BUSIN	_
			(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS			MOST OF WORKING		D CO.	
TISLL	WOODLAWN AL RESIDENCE (# N	JRSING HOME OF O		FAIRBROO)	MECHAN	IC	FOR	.р со.	_
13a S	STATE	136 COUNTY	Υ	13c. CITY OR TOW	VN	13d. INSIDE CITY LIMITS?	13e STREET ADD			0.1.0	
11.51	MARYLAND	BALT	IMORE	WOODLAW	N	YES NOXX		FAIRBROC	K ROAD	212)/
14. FA	ATHER'S NAME	MI	IDDLE	LAST		FIRST	M	IDDLE	******	LAST	
	GEORG			PETTING		JOSEP		ADDRESS	EUN	E	
	WAS DECEASED EV		ED FORCES? WAR OR DATES)	166 SOCIAL SECL	JRITY NO.	17. INFORMANT					
	NO			215-01-	0988	MARGUERITE	PETTING:	ILL S	SAME AS	# 1	_
	Conditions, if a gave rise to cause (a), sto	mmediate iting the	(b)	R AS A CONSEQU							
CATION	gave rise to cause (a), sto underlying cai	mmediate sting the use lost. IGNIFICANT CO	(b)	R AS A CONSEQU	DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OI	Y? 206. IF Y	rES, WERE FIN	IDINGS USE	
TIFICATION	gave rise to cause (a), sto underlying can PART 2 OTHER S	mmediate sting the use lost. IGNIFICANT CO	(b)	R AS A CONSEQU	DEATH BUT	- 0	20a AUTOPS	206. IF Y		IDINGS USE	TH?
CAL CERTIFICATION	gave rise to cause (a), sto underlying cai PART 2 OTHER S 19a DATE OF OPE 21a. ACCIDENT WAS OR CONTRIBUTING [mmediate ting the use lost. GNIFICANT CC RATION UNDERLYING CAUSE OF DEATH CEDICAL EXAMINER)	(b) DUE TO, OI (c) DUDITIONS CO	R AS A CONSEQUED TRIBUTING TO STORY WHICH MAN MONTH DOM:	DEATH BUT	N WAS PERFORMED	20a AUTOPS	206. IF Y	YES, WERE FIN TIFYING CAU YES	IDINGS USE SES OF DEA NO	TH?
	gave rise to cause (a), stounderlying cause (a), stounderlying cause (a) part 2 OTHER S 19a DATE OF OPE 21a. ACCIDENT WAS OR CONTRIBUTING [(IF EITHER NOTIFY M) 21d. INJURY OCC.	mmediate ting the use lost. GNIFICANT CO RATION UNDERLYING CAUSE OF DEATH EDICAL EXAMINER) URRED	(b) DUE TO, OI (c) DNDITIONS CONDITIONS COND P. 21b. TIME O HOUR A. P. 21e. PLACE	R AS A CONSEQUED TRIBUTING TO STORY WHICH MAN MONTH DOM:	DEATH BUT H OPERATION DAY YEAR	n was performed	20a AUTOPS' YES NO	206. IF Y	YES, WERE FIN TIFYING CAU YES	IDINGS USE SES OF DEA NO	TH?
MEDICAL CERTIFICATION	gave rise to cause (a), stounderlying cause (a), stounderlying cause (a) part 2 OTHER S 19a DATE OF OPE 21a. ACCIDENT WAS OR CONTRIBUTING [(IF EITHER NOTIFY M) 21d. INJURY OCC.	mmediate ting the use lost. GNIFICANT CC RATION UNDERLYING CAUSE OF DEATH CEDICAL EXAMINER)	(b) DUE TO, OI (c) DNDITIONS CONDITIONS COND P. 21b. TIME O HOUR A. P. 21e. PLACE	R AS A CONSEQUE ONTRIBUTING TO ITION FOR WHICH OF INJURY M. MONTH D M. OF INJURY	DEATH BUT H OPERATION DAY YEAR	216. HOW INJURY OCCUR	20a AUTOPS' YES NO	20b. IF Y IN CER OF INJURY IN ITEM TO	YES, WERE FIN TIFYING CAU YES 8 PART LORPART	IDINGS USE SES OF DEA NO	TH?
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	gave rise to couse (a), stounderlying counderlying counderlying Counderlying Counderlying DATE OF OPE 21a. ACCIDENT WAS OR CONTRIBUTING FEITHER NOTIFY WAIT OF COUNTRIBUTING COUNTRIBUT	mmediate ting the use lost. GNIFICANT CO RATION UNDERLYING CAUSE OF DEATH CEDICAL EXAMINER) URRED WHILE WHILE WHILE WHILE (1) Obis hospito	DUE TO, OI (c) DIVIDITIONS CO 19b. COND 19b. COND 21b. TIME OI HOUR A. P. 21c PLACE JATHOME. 514	R AS A CONSEQUIDING TO ITION FOR WHICH MAN MONTH D M. MONTH D M. OF INJURY REEL FACTORY, OFFICE, THE deceased from the constant of the constan	DEATH BUT H OPERATION DAY YEAR 19 FARM ETC)	211. HOW INJURY OCCUR 211 LOCATION STREET and that is (my) (aur) apinion DEGREE ATTENDING PHYSICIAN	20a AUTOPS' YES NI RED (ENTER NATURE death occurred at	20b. IF Y IN CER TO IN TOWN ITY OR TOWN STAFF	YES, WERE FINTIFYING CAU YES 8 PART I OR PART COUNTY 19 6 7	NO 1	STATE
	gave rise to couse (a), sto underlying car PART 2 OTHER S 19a DATE OF OPE 21a. ACCIDENT WAS OR CONTRIBUTING [4IF EITHER NOTIFY W 21d. INJURY OCC. WHILE AT WORK AT WORK AT AT WORK AT WOR	mmediate ting the use lost. GNIFICANT CO RATION UNDERLYING CAUSE OF DEATH EDICAL EXAMINER) URRED WHILE WHILE (1) this haspito a sed alive an (1) (did not)	DUE TO, OI (c) DUE TO, OI (c) DUE TO, OI (c) 19b. COND 19b. COND 19b. TIME OI HOUR A. P. 21b PLACE JATHOME STILL OI) Weended the view the bady	R AS A CONSEQUIDING TO ITION FOR WHICH MAN MONTH D M. MONTH D M. OF INJURY REEL FACTORY, OFFICE, THE deceased from the constant of the constan	DEATH BUT H OPERATION DAY YEAR 19 FARM ETC)	211. HOW INJURY OCCUR 211 LOCATION STREET and that is (my) (aur) apinian	20a AUTOPS' YES NI RED (ENTER NATURE death accurred at MEDICAL DIRECTOR	20b. 4F Y IN CER OF INJURY IN ITEM TO OF INJURY IN	COUNTY 19 226. D.	ADINGS USES OF DEANO 121	STATE (we) I

21228

1630 EDMONDSON AVENUE CATONSVILLE, MD

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending should be detached for use as the burial-transit permit. Then please remove cort with the State Dept. of Health and Mental Hygiene prior to burial, cremation, as

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

17	413	3	100	
Same	600	- C	-	- 6

1. DECEASED NAME	FIRST	MIDDI	LE	LAST		20 DATE OF DEATH	MONTH DA	AY YEAR	26 HOUR
(TYPE OF PRINT)	Mary	Llew	ellyn	PHELPS	ë	AUGU	JST -/S	87	75
3. SEX	1	4 RACE	3.	DATE OF BIRTH	No.	AGE LIN YEARS LAST		FUNDER YEAR	IF UNDER 14
Female	100	White		April 14	1900	ຣ ₇	YRS	ONTHS DAYS	HOURS A
To. BIRTHPLACE (STA	ATE OR FOREIGN	76 CITIZEN OF WHA	AT COUNTRY? 8.	MARRIED ANE	VER MARRIED	BALTIMORE CITY			
Maryland		U.S.A.	W.	/IDOWED 🔀	DIVORCED [Baltinor	2 County		
HO CITY OR TOWN O	/ / /	11. NAME OF HOS	PITAL, NURSING I		RINSTITUTION	120 USUAL OCCUP			F-BUSINESS
Randallst	2 0		e County		ıl	Kitchen		Hospi	tal
USUAL RESIDENCE (F NURSING HOME OF	OTHER INSTITUTION GIVE	CITY OR TOWN		IDE CITY LIMITS?	3e STREET ADDRES	S / ZIP CODE		**
Maryland	Anne	Arundel G	len Burn			718 Wash	ington A	venue	2106
14. FATHER'S NAME		WIDOLE	LAST	15. MOT	HER'S MAIDEN NAM	E MIDOLI	1	W 1145	1
Albert			Little	-65	Eva - 1			Berryn	ian
160 WAS DECEASED		MED FORCES? 166	SOCIAL SECURIT	Y NO. 17 INFO	DRMANT	ADI	DRESS	Same a	ıs
No	None	21	8.03.539	OD Dori	s A. Scan	Lon (Dau	ghter)	13	
18 CAUSE OF	DEATH (Enter or	ly one couse per line D BY	for (0), (b), and (c	1,1		4-3		BETWEEN	MATE INTERVAL ONSET AND DE
PARTI. DEA		E CAUSE (0)	AQU	ite p	nlmonti	24 ED	EMY-	-	
PART 2 OTHER PART	R SIGNIFICANT	CONDITIONS CONT	RIBUTING TO DEA	TH BUT NOT REL	ATED TO THE TERMIN		20b. IF YES,	N IN PART I	NGS USED
	AS UNDERLYING	HOUR A.M.	JURY MONTH DAY	YEAR	W INJURY OCCURRE	YES NO	NJURY IN ITEM 18 PA		NO []
OR CONTRIBUTION (IF EITHER NOTIF	CURRED	21e PLACE OF	INJURY FACTORY OFFICE, FARM		CATION	CITY OF	RTOWN	COUNTY	STAT
WHILE AT WORK	AT WORK	(ATTIONE STREET	THE TON TO THE THE		1 0		-	-0-	
		tol) ottended the	eeesed from	1-14	19_8/		-13 1	9 8	that (It (we)
saw the d above, (1)	eceased alive on we) (did)/6id no	t) view the body ofte	er death.	, and that in	(my) (our) opinion d	eath accurred on the	date and hour	and from the	couses state
226. SIGNATUR	RE /	1		DEGREE	ATTENDING	MEDICAL S	TAFF	220 DATE	SIGNED
	C. Gar	sed -			PHYSICIAN [DIRECTOR PHY		1,-4	1 1/
OR A	DO B	- CONDA	THA ME). 22e AD	* 0	ANDALLS.	tow any	d. 2	1133
230. BURIAL, CREMAT	TION, REMOVAL				Y OR CREMATORY	23d LOCATION	4	COUNTY	STA*
Bur	-10	Aug. 18,1	1987 Mea	dowridge	e Memorial	Elkridg	e Ho	oward	Mđ.
24 FUNERAL DIRECT	40	Unite	AUDMENA		25a. DATE	REC'D. BY REGISTR	11.00	AR'S SIGNAT	URE
SINGLETON	FUNERAL	HOME, GI	LEN BURNI	E, MD.	טטאן	10 1087	7 marines		

DHMH - 16 60M 7/84

IMPORTANT: If Item 21 is

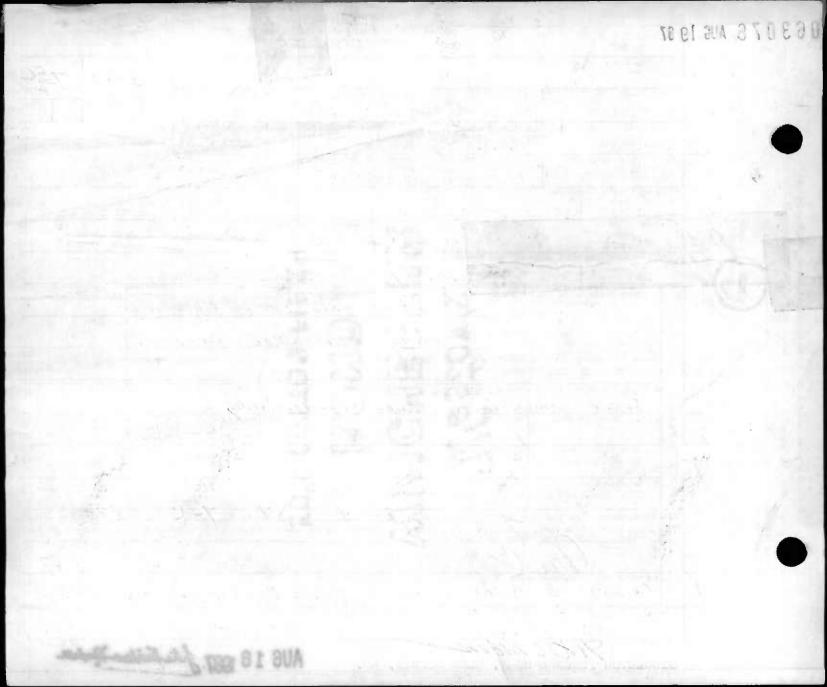
SINGLETON FUNERAL HOME, GLEN BURNIE, MD.

retained by the haspital ar

BP.

TO FUNERAL DIRECTOR, After this certificate has been signed by the attending should be detached for use as the burial-transit permit. Then please remove carbo with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or re marked or Item 18 shaws any

(VRA 15, 4)



063373 AUG

1 - STATE REGISTRAR

3. SEX

SED NAME

To BIRTHPLACE (STATE O Penna. IN CITY OF FOWN OF DE

Md.

230 BURIAL, CREMATION, REMOVAL

4 FATHER'S NAME James 160 WAS DECEASED EVE NO OR UNKNOWN) 8 CAUSE OF DEA PART I. DEATH V

FOR STATE REGISTRAR	#*	DEPARTM	ENT OF H	E OF MARYLAND EALTH AND MEN ICATE OF DEAT			2 2 EG. NO.)	2 6	3
SED NAME ARE PRINT)	K "	Allan	1	Shillit	3	20. DATE OF DE	S.	4-87 2h	3 PM
Male	00	ite	5. DATE C	DAY	YEAR 2	AGE INVEARS	YRS W	DATS H	OURS MIN
Penna.	USA	VHAT COUNTRY?	MARRIEI WIDOWE	D DIVOR	CED 🗆	Ba Itin	nore Courty	ity	MD.
owson/	(IF NOT IN SUCH	OSPITAL, NURSING	ORESS)	LOST	101	USUAL OCC (TYPE OF WORK FOR Horticu	MOST OF WORKING LIFE)	176 KIND OF B INDUSTRY Horti	culture
Nd.		Baltimore		13d. INSIDE CITY L YES (2) NO			RESS / ZIP CODE bert St.,	Apt 9,	21217 Balto.
James Allan	Ph	illips tast		15. MOTHER'S MA Suzan			Sigler	Čer	res
AS DECEASED EVER IN U.S. ARA	AED FORCES? WAR OR DATES)	166 SOCIAL SECUR 220-82-4		Mrs. Su	uzanne		eres, 111	21030 Scott A	dam Rd
8 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED IMMEDIATI	CAUSE (a)	ASTROIN	TEST	INAL Its	EMOR	RITAG	٤	BETWEEN ONS	TE INTERVAL SET AND DEATH
Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.) ıb)	AS A PONSEQUENT AS A PONSEQUENT	450	CYTOPE L	NIA	Homa	w	cels/n	ronths
PART 2, OTHER SIGNIFICANT C	MUNO D		CY V	IRUS D	THE TERMIN		CONDITION GIVE	N IN PART 110	
90 DATE OF OPERATION	196 CONDI	TION FOR WHICH C	PERATIO	N WAS PERFORME	D	YES NO		WERE FINDINGS ING CAUSES OF	
?10 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA! (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A	A. MONTH DAY	YEAR		Y OCCURRE	D (ENTER NATURE	OF INJURY IN ITEM 18 PAR	T : OR PART 2)	
21d INJURY OCCURRED WHILE NOT WHILE AT WORK		ET, FACTORY, OFFICE, FAI	PM, ETC)	21f. LOCATION STREET	911	C11	IY OR TOWN	COUNTY	STATE
178.1 certify that X (this hospit save the decound alive or shore, (h) by (did) dis en 2h. Signature	8-14	19.8			opinion de	to 0	the date and hour		
Maun CE	BI	turlo	N		NDING SICIAN [MEDICAL DIRECTOR [] F	STAFF	8-16	150
MAURICE	B Fu	RLONG	JR	THE ADDRESS	SHI	Tosen	h Hos	pital	

Catonsville Balto. Gremation 8/17/87 Westview Mem. Park AUG 20 1987 Lemmon-Mitchell-Wiedefeld, 10 W. Padonia RD. (VRA 15, 4)

236. DATE

231 NAME OF CEMETERY OR CREMATORY

Md.

DHMH - 16 60M 7/84

PORTANT.

644	56	SEP -	28	OR TATE			EPARTMENT OF		ND MENTAL H	23 /	22.	4 3 4	,
				REGISTRAR		MED	ICAL EXAMIN	ER'S CER	TIFICATE O	FDEATH	REG. NO.		
	SS. SS.	₹ E,	I. DE	CEASED NAME E OR PRINT) RI	chard	El ifferd	PIFILL	1P5	PHILLIP	S 26 DATE KN OF 8 DEATH M	STI.	DAY YEAR	26 HOUR
	PLEASE RECTOR. R FILES.	STRE	3 SE	1. RAC		DATE OF BIRTH	YEAR 6 AGE (IN YEAR LAST BIRTHDA	Y) MONTHS	TYR. IF UNDER :	24 HRS 26. DATE PRONOUNCE DEAD	D AUL	- 300 ST	124 HOUR
-	REPAY TO YOUR YOUR	Service Street		RTHPLACE (STATE OR REIGN COUNTRY) Maryland	7b.	CITIZEN OF WH.	AT COUNTRY?	e X	NEVER MARRIE	Dalt:	more Cou		MD.
5	DAY ISN PAGE 5	5	V	TY OR TOWN OF DE.	ATH II	NAME OF HOSP	TITAL, NURSING HOME ILITY GIVE STREET ADDRESS) Square lo	OR OTHER IN		120 USUAL OCCUPATION Broken	TION (TYPE OF WORK		USINESS
21201	AND 3 T	35	13g 5		Harfo	HER INSTITUTION, GIVE	ERESIDENCE BEFORE ADMISSION BETATE	134	INSIDE CITY LIMITS?	13. STREET ADDRESS	r Lane	21014	4-3
(3)	D.	12	JA E	THER'S NAME GEOR	ge	Phill	ips LAST	15. /	MOTHER'S MAIDE	Sh	eets	LAST	
A GR	7	Sion	16s \ {Y	VAS DECEASED EVER ES, NO, OR UNKNOWN) NO	IN U.S. ARMED		217 -05-25		nstance	Perry Hergenroed	神神, MD er 9067		
ON ST.	24 HOURS	HYGIENE, DIE MOVAL.		18 CAUSE OF DEAT PART I DEATH W	TH (Enter only or /AS CAUSED BY IMMEDIATE C	AUSE (a)			CLKR	otic	CAR	APPROXIMAT BETWEEN ONSE	
W. PREST	CIL IN	R A L		Canditions, if gove rise to cause (a) stating	immediate	(b)	AS A CONSEQUENCE C	ULV	or no	SEASE			
. 201	ECUTED S" IN PE	NND MEN ATION, O		lying cause last.		(c)	UT NOT RELATED TO THE TERM		ONBITION CWEN IN BAR				
RECORDS	S S S S S S S S S S S S S S S S S S S	REM	NO	TARE 2 OTHER SIGNIFICAN	VI CONDITIONS CONT	KIBUTING TO DEATH SE	OF NOT RELATED TO THE TERM	INNE DISEASE OK C	UNDITION GIVEN IN PAR	1110			
VITAL RE	HOULD PER M	OF HEAD	CERTIFICATION	190. DATE OF OPER	ATION	196 CONDITI	ON FOR WHICH OPER	ATION WAS P	ERFORMED?			2D AUTOPSY	? NOW
Ö	FICATE STATE	OR TO BE		210 EXTERNAL CAU UNDERLYING CONTRIBUTING	OR		INJURY MONTH DAY YEAR	21c. HOW I	NJURY OCCURRED	LENTER NATURE OF INJUR	IN ITEM 18 PART 1 OR F		
DIVISION	WRITING WARDED T	CTOR: PAGE 3 SHOULD BE USED AS A BURIAL IN THE STATE DEPARTMENT OF HEALTH AND MENT LAND, 21201 PRIOR TO BORIAL, CREMATION, OR	MEDICAL	21d INJURY OCCUR WHILE NOT AT WORK AT W	RED	21e PLACE O	F INJURY (AT HOME, DRY, FARM, ETC.)	21f LOCATION STREET	ON	CITY OR TOWN	c	OUNTY	STATE
	HICATE, TE FORW	TOR: PA			I took sharing of	NZI	ribed above, held an	Autopsy [Inspection	Inquiry Undetermined mann	and in my o	pinian	
	LEXAN HE CERTI	AL DIRECTH, WITH		ACTUAL SIGNATURE	Mu	101	men	,	TITLE (SPECIFY)	AFDICAL EXAMIN	DATE	S/30	187
	EXECUTE THE PAGE 4 SH	AFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2		EXAMINER'S NAME	PAU	ILVE	GUER	1 N ADD	123 RESS	BLILA	264	RAVE	7237
	5 X X	BAA	23a.B	JRIAL, CREMATION, F			23c. NAME OF CEA			23d LOCATION	со	unty s	TATE
07/84 25M	BP	-	24 F	Burial JNERAL DIRECTOR		pt 2, 87		Cemete	250. DATE R	Baltimore	THE DECLICATION ORC	SIGNALIRE	
	DHMH (VR A15			NAME			Home, Inc.	0.06	SEP	1 1987	Julia Dana	Carried Control	

DHMH - 16 60M 7/84 (VRA 15, 4)

28 187 STATE JANES DEE POINTET FIELD CERTIFICATE OF DEATH 20 DATE OF DEATH MONTH 26 HOUR A AGE LIN YEARS LAST BIRTHDAYL IF UNDER LYEAR IF UNDER 24 HRS 16 9 BALTIMORE CITY OR COUNTY OF DEATH TYPE OF WORK FOR MOST OF WORKING LIFE INDLISTRY Howewaker 13e STREET_ADDRESS / ZIP CODE ROAd 205 DUNCANHON Franklin 17 INFORMAN (Husband) 838-9498 ADDRESS DUNCANNON Road Mr. James H. Porterfield BEI Air, Maryland 21014 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO F 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART TOR PART 2) CITY OR TOWN COUNTY STATE (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED STAFF DIRECTOR TY PHYSICIAN Dulaney Valley Rd. - Towson, MD 21204 Aug. 25, 1987 BEL Air Memorial Gardeus CEM, BEL Air, Harford Co. Maryland 21014 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 50 W. Broadwaya Williams St - over latter - Northerne BELATE Marrian 21014 erolli too

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENS CERTIFICATE OF DEATH
CERTIFICATE OF DEATH

الم	STATE REGISTRAR					LTH AND MENTAL HYG ATE OF DEATH	REG. NO	la la	£ 0	
	ASED NAME	Marie	MIDD	H	POTT		August 1,	.987		26 HOUR 8:15 a
3 SE	M.		W.		5. DATE OF E	BIRTH 1904 FAR	6. AGE JIN YEARS LAST BIRT	YRS		IF UNDER 24 HRS HOURS MIN
0	ITY OR TOWN OF DE		NAME OF HOS		MARRIED (DIVORCED DITHER INSTITUTION	Baltimore City of Baltimore	County		MD.
OSU.	alta Car	ests 5	AIF NOT IN SUCH F	CILITY, GM ATHI	Hez	petal	(TYPHOF WORK FOR MOST OF		NDUSTRY	DUSINESS OR
Z	ATHER'S DAME	Sair	to Cast	The total	Que !	MOTHER'S MAIDEN NAM	13. STREET ADDRESSO	ZIP CODE	ev a	we.
16a V	MAS DECEASED EVE	Cay RIN U.S. AND	rel	SOCIAL SECURI	TY NO II	Topkia	Methodie ADDRE	SS A	LAST	
(100 -	J IF YES GIVE W	AR OR DATES)	713-74	09/3	- Educal	abbett	6804	Lus	Dor Ou
	PART I. DEATH	MAR CALIFFE D	CAUSE (o) Ca	rdiopulm rdiopulm	onary	Arrest			BETWEEN OF	NATE INTERVAL
7	Canditions, if an gave rise to in couse (a), stat underlying cous	nmediate ing the se last.	DUE TO, OR AS	basalar saconsequen piration	CE OF					
MOIT	PART 2 OTHER SIC Multi aphagi	C/aunas		riini ne	miniec	ranial bleed ia				
CERTIFICATION	210. ACCIDENT WAS UP		216. TIME OF IN	N FOR WHICH O			200 AUTOPSY? YES NO	20b. IF YES, WE IN CERTIFYING YES	G CAUSES C	
MEDICAL CI	OR CONTRIBUTING	CAUSE OF DEATH	HOUR A.M. P.M.	MONTH DAY	YEAR 19	1: HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	TIN ITEM 18 PART I	OR PART 2)	
MED	AT WORK AT W	ORK		FACTORY, OFFICE, FAR	M, ETC }	IF LOCATION STREET	CITY OR TOW	M	COUNTY	STATE
	abave, (we)	sed alive an A	attended the de UGUST 1 lew the body after	1987	, and t	hat in (💓) (our) apinian d	, to AUGUST leath occurred an the da	te and hour and		not 🍂 (we) lost auses stated
	22b. SIGNATURE	m r	1.0		DEC	ATTENDING PHYSICIAN	MEDICAL STAF		224. DATES	IGNED 87

22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 9000 Franklin Square Drive Baltimore 21237 Roth, Melinda Ann MD

230 BURIAL, CREMATION, REMOVAL

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND

28	FOR STATE REGISTRAR	DEPARTM	MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	REG. NO.	La. 0 1
	DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH DAY	YEAR 26 HOUR
	Joan	S.	Powell	August 25, 1987	6 AM
3.	SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF C	UNDER I YEAR IF UNDER 24 HRS
10	semale	White	01723/32 YEAR	55 YRS.	DATS HOURS MIN.
7 7	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF	DEATH
	vashington V.C.	USA	WIDOWED DIVORCED	Baltimore	MD.
10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	ADDRESS)	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126. KIND OF BUSINESS OR
	talethorpe	4718 Ruby Avenu	e	Analyst Fe	ed. Gov't.
1	SUAL RESIDENCE (IF NURSING HOMEO 30. STATE Md. Balt	R OTHER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION) N 1136 INSIDE CITY LIMITS?	13: STREET ADDRESS Avenue	21227
71	FATHER'S NAME William J. Shipmo	MIDDLE LAST	Alberta D. S	Shroy	LAST
	WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SECU		ADDRESS	
1	VO	\$79-40-05	89 Mrs. Brenda S.	Henry 302 Alame	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT OF OPERATION The DATE OF OPERATION		Cancel Kon-Si	AINAL DISEASE OR CONDITION GIVEN 100: AUTOPSY7 100: IF YES, WIN CERTIFYIN	ERE FINDINGS USED IG CAUSES OF DEATH?
			Y YEAR	RED (ENTER MATURE OF PULLEY PAINTED TE PART	of the state of th
	THE STHEE MOTHER MEDICAL EXAMPLE THE ST	The PLACE OF BNJURY INTROME STREET FACTORS OFFICE FA	211 LOCATION	CHY DE TOWN	COUNTY STATE
	saw the deceased glive or	at view the body after death	ond that in (my) (our) opinion DEGREE ATTENDING	death occurred on the date and hour or	that (It (we) last and from the courses stated
H	11/1/01	MULT	PHYSICIAN E	DIRECTOR PHYSICIAN	0/06/84
	Dr. Paul E.		900 S. Car	ton Avenue 21229	
	BUSIAL CREMATION, REMOVAL		SALLAWN CEMETERY OR CREMATORY		ountroll Marylan
	Ambrose Funeral H	ome 1328 Sulphur		12 6 1987	R'S SIO MATURE 1

DHMH - 16 50M 1/81 (VRA 15, 4)

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Total Lands Service Committee Commit Table A Company of the Control of th tichard Segregar Germanner

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE, CERTIFICATE OF DEATH

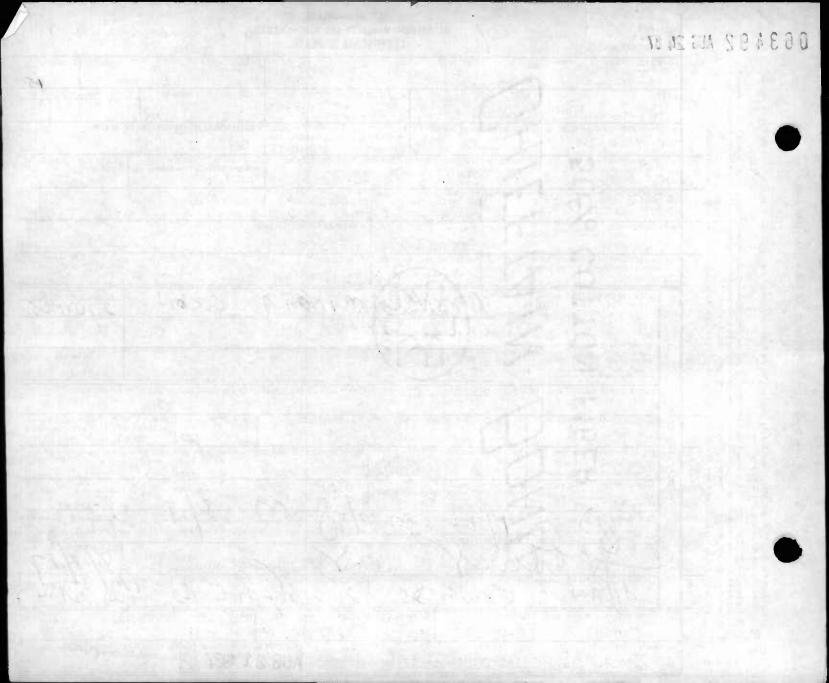
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2	41	FOR STATE REGISTRAR			DEPART		EALTH AND MENT ICATE OF DEAT		REG. NO.	4	20	3
	DEC	CEASED NAME	FIRST		MIDDLE	1	AŠT		20 DATE OF DEATH MONT	H DAY	YEAR	26. HOUR AM
ı	(ITTE	Mahel	E	Pro	eston			WELL	8	18	8.7	2.15M
0.0	. SE)		4 F	RACE	5-3-LUII	S. DATE C		VEAR	6. AGE (IN YEARS LAST BIRTHDAY	IF UNI	DER I YEAR	IF UNDER 24 HRS
	F	emale	10.18	Black	k	Fet	7, 19	13	74	YRS.		
-	a BI	RTHPLACE ISTATE OR FOR	EIGN 76	CITIZEN OF	WHAT COUNTRY	8 MARRIE	NEVER MARR	IED 🗆	9. BALTIMORE CITY OR CO	1	EATH	
	Br	adshaw, Md		U.S.	Α.	WIDOWE				Co.		MD.
1	0 C1	TY OR TOWN OF DEAT	н 11.				R OTHER INSTITUT	ION	12g. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR		DUSTRY	F BUSINESS OR
		adshaw	5		Old Long		Rd.		House Wife			Home
	13a S	AL RESIDENCE (IF NURSIN	G HOME OR OTH	ER INSTITUTION	GIVE RESIDENCE BEFO	RE ADMISSION)	13d. INSIDE CITY LI	IMITS?	13e STREET ADDRESS			
	M	aryland	Balti		Bradsha		YES NO		12001 01d Lo	na Cal	m Rd	21021
ļ	4.FA	THER'S NAME	MIDE	OLE	LAST		15. MOTHER'S MAI	IDENNAM	ME	3	LAST	
	/	John			Brown		Phoebe	9				
֡		VAS DECEASED EVER IT	U.S. ARME		166. SOCIAL SEC	URITY NO.	17. INFORMANT					. 21021
	no				220-74-	9485	Tina Dar	rden	1200	1 01d	Long	Calm Rd
		18 CAUSE OF DEATH	Enter only	ne couse pe	Ine to cal the	Palcin 1	RCINO	In /	coron	1	BETWEEN	MATE INTERVAL
		PART I. DEATH WA	MMEDIATE C		4 OEIV	OOH	to I was	1197	0000		176	= MKS
l				DUE TO, C	R AS A CONSEQU	JENCE OF					/	
ı		Conditions, if ony,		(b)								
l		gove rise to imme couse (a), stating		DUE TO C	R AS A CONSEQU	JENCE OF						
		underlying couse	lost.	(c)								
		PART 2. OTHER SIGN	FICANT CON		ONTRIBUTING TO	DEATH BUT	NOT RELATED TO T	THE TERM	INAL DISEASE OR CONDITIO	ON GIVEN IN	PART 1(o)
	O	-										
	CERTIFICATION	19a. DATE OF OPERAT	ON	196. COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORME	D		. IF YES, WE		
	TIFIC								YES NO NO	YES 🗌		NO 🗆
	CER	216. ACCIDENT WAS UNDE		21b. TIME C		DAY YEAR	21c. HOW INJURY	OCCURR	RED CENTER NATURE OF INJURY IN	TEM 18, PART 1 C	OR PART 2)	
	AL	OR CONTRIBUTING CA			.M.	19						
	WEDICAL	214 INJURY OCCURRI	D		OF INJURY	EARL ETC.)	211. LOCATION		CITY OR TOWN	C	OUNTY	STATE
	Z	AT WORK ATWOR	LE 🗆	(AT HOME, SI	/	, PARM, ETC.)	1/2	1	7 8/0		77	2
		22s.1 certify that (I)	this hospital	attended /	he deceased from	82	0/1/15	9 0	7. to 7/1	. 19	0 [,1	that (II (we) last
		saw the deceases	oliye on	and the batch	19_	0 /. 0	nd that in (my) (our)	opinion o	deoth occurred on the date o	nd hour ond	fram the o	causes stated
	1	27h SIGNATURE	1	- I	1/		DEGREE				22c DATE :	SIGNED
	1	1	416	lin	N	- 0		NDING L	MEDICAL STAFF		X/L	8/87
		274 PHYSICIAN'S NA	ME (TYPE ORPR	INT)	-		22e ADDRESS	0	^	FA	phs	tow.
		dotan	1	ES	MAN	25	ne	MEZ	An RD.	n	2	21047
	23n I	BURIAL, CREMATION, R	EMOVAL I	23b. DATE	1234	NAME OF (EMETERY OR CREM	AATORY	23d. LOCATION			
	(Burial		8-21-					tery Lorely	Bali		Md.
ł	24. F	UNERAL DIRECTOR							EREC'D BY REGISTRAR 25h	REGISTRAR"	SSIGNAL	
	E.	F. Lassahn,	11750B	elair	Rd Kings	ille	/d 21087	AUG	21 1987 gra	المناف المناس	And In the	4
40		· · · · · · · · · · · · · · · · · · ·	,	OTULL	Variatings v	-11091	10.2 100/	1100	_ 1001			

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	CEASED NAME	FIRST	,	MIDDLE	LAS	18	20. DATE OF DEATH	MONTH	DAY YE	AR 2	b. HOUR
IIIre	ORPRINII	KENNE'	TH	L.	PRITC	HARD	August 5	, 198	87		10: 40
3 SE	X	1	RACE		S. DATE OF		6. AGE (IN YEARS LAST B	IRTHDAY)	IF UNDER 1		HOURS MIN.
1	Male		Whi	te	Nov.	00 1015	73	YRS	MONTHS	7413	MIN,
a Bil	RTHPLACE (STATE	OR FOREIGN 1		WHAT COUNTRY?	8 MARRIED	NEVER MARRIED	9 BALTIMORE CITY	OR COUNT	Y OF DEAT	Н	
	MD MD			JSA	WIDOWED	DIVORCED	Baltim			-	MD
0 CI	Towson	EATH	(IF NOT IN SUC	HOSPITAL, NURS IN THE FACILITY, GIVE STREET Outher 1	ADDRESS)	# 410	170 USUAL OCCUPA (TYPE OF WORK FOR MOST FOTEMO	OF WORKING	LIFE) INDUS	ND OF STRY	
	AL RESIDENCE (IF NOTATE) MD	136 COUNTED Bal	TY	GIVE RESIDENCE BEFORE 134 CATY OR TOWN	VN	13d INSIDE CITY LIMITS? YES NOX	130 STREET ADDRESS 800 Sout		DE		in Co. 21204
) FA	ATHER'S NAME FIRST Alfre		AIDDLE	Pritcha		IS MOTHER'S MAIDEN NA	ME		Bel:	1 IAST	
	VAS DECEASED EV		MED FORCES?	166 SOCIAL SECT	JRITY NO.	17 INFORMANT	ADD	RESS			
	No	(# 123, 0112	WAN OR DATES!	216 09	0838	Mrs. Mary	Pritchard	1,	Same		
TION	Canditians, if any, which gove rise to immediate cause (a), stating the underlying cause last (c). PART 2 OTHER SIGNIFICANT CONDITIONS										0,
TIFICATION	gove rise to couse (a), sto underlying ca	mmediate iting the use last GNIFICANT C	DUE TO, O	23.5	HAN HOLD		AINAL DISEASE OR CO	20b. IF Y		RT I (a)	
CERTIFI	gove rise to couse (a), sta underlying ca PART 2 OTHER S	mmediate mining the use last GNIFICANT C RATION UNDERLYING CAUSE OF DEA' EDICAL EXAMINER)	DUE TO, O ONDITIONS CO 19b COND 21b TIME C HOUR A P. 21e PLACE	R AS A CONSEQUENT FOR WHICH OF INJURY M. MONTH DO INJURY OF INJURY	DEATH BUT N H OPERATION DAY YEAR 19	NOT RELATED TO THE TERM WAS PERFORMED 21c HOW INJURY OCCUR 21f LOCATION	200 AUTOPSY? YES NO	20b. IF Y IN CERT	ES, WERE FIFTING CA	RT I(a)	SS USED OF DEATH?
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FOR

REGISTRAR

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG NO

L DECEASED NAME MIDDLE 20 DATE OF DEATH MONTH DAY YEAR 2h HOUR 0 6 3 5 1 9 FAUG 24 MARGARET 3 SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH Feb. 12, 1919 68 White Female BIRTHPLACE (STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore Maryland USA. WIDOWED TX DIVORCED MECITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12n USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Bookkeeper Laundry Randallstown Baltimroe County General USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 30 STATE 1136 COUNTY 13. STREET ADDRESS / ZIP CODE 202 Chartley Dr. 13c CITY OR TOWN 134 INSIDE CITY LIMITS? 21136 Baltimore Reisterstown Maryland NO X 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Mamile. Smi th Birrane Thomas E. 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT 667 Sunset Drive (IF YES, GIVE WAR OR DATES) 212-05-7772 John P. Pruso Hanover, Pa. 17331 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and (c). PART I. DEATH WAS CAUSED BY CANDIO IMMEDIATE CAUSE to. DUE TO OR AS A CONSEQUENCE OF 1400ASEE Conditions, if ony, which Suspected gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION Candro UNS Cultu からろとから 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NOT YES T NO [210. ACCIDENT WAS UNDERLYING 216 TIME OF INILIRY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART I OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 216 INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION COUNTY AT HOME STREET, FACTORY, OFFICE, FARM, ETC 1 STREET STATE WHILE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from. sow the deceased alive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did pett-view the body after death 22b. SIGNATURE DEGREE 22¢ DATE SIGNED ATTENDING PHYSICIAN PIRECTOR | PHYSICIAN MPORTANT 224. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS Rel Suite 201 B. CENTRUAN OR (ANDO PANDAKESTONA 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) Aug. 22. 1987 Druid Ridge Cem. Pikesville, Burial Baltimore. Md. Echardt Funeral Chapel 258. DATE REC'D. BY REGISTRAR 251, REGISTRAR'S SIGNATURE Owings Mills, Md. 21117

DHMH - 16 60M 7/B4 (VRA 15, 4)

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managar spans						
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injury, or other troumotic event,

	STA	TE OF M	ARYL	AND	
DEPARTMENT	OF	HEALTH	AND	MENTAL	HYGIEN

	FOR STATE BEGISTRAR		DEPARTA		HEALTH AND MENTAL HYG FICATE OF DEATH	REG. No	2 2	2	9
	OF CLASED NAME FIRST (TYPE OR PRINT) EVA	RATAJCZ	YK MIDDLE		LAST	August 31,		YEAR	6:00 A
	3. SEX	4 RACE			OF BIRTH	6. AGE IN YEARS LAST BIR	THDAY] IF	UNDER I YEAR	
	Female	Caucas	ian	Feb.	6, 1902	85	YRS.	ONTHS DATS	HOURS MIN.
>	76. BIRTHPLACE (STATE OR FOREIGN Mary Land	76 CITIZEN OF	what country?	MARRIE WIDOWI	D NEVER MARRIED DIVORCED	Baltimore city o	R COUNTY O		MD.
9	Rosedale	Frankli	n Square	Hospi	or other institution.tal	12a USUAL OCCUPATION OF WORK FOR MOST OF HOUSEWIFE	F WORKING LIFE)	125 KIND C INDUSTRY	OF BUSINESS OR
			Baltimor	N	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS 225 Oakwo	zip code od Roa	d #212	222
7	Charles	WIDDIE	Salkows		15 MOTHER'S MAIDEN NAM Pelagia	WIDDLE		Sei	mski.
	160 WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GN	MED FORCES? (E WAR OR DATES)	213-10-5		Martha Collin	addre s=220 Parkw		ad #2]	L222
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT (Conditional Conditions)	DUE TO, O (b) DUE TO, O (c)	Cardiopuli R AS A CONSEQUE Aspiration R AS A CONSEQUE Dementia DONTRIBUTING TO D	NCE OF NCE OF	umonia	inal disease or con	DITION GIVER	N IN PART TO	0
1	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?			NGS USED S OF DEATH?
-	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED	HOUR A. P. 21e PLACE	M. MONTH DA M.	19	211. LOCATION STREET			COUNTY	STATE
+	22a. I certify that X (this hosping sow the deceased alive an above, X (we) (did) (X X X 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE MICHAEL Bra	August	e deceosed from 8	Augus 7	ATTENDING PHYSICIAN PHYSICIAN 9000 Frankli	MEDICAL STAI DIRECTOR □ PHYSIC N Square Dr	FF IAN	The DATE	
	23g. BURIAL, CREMATION, REMOVAL	23b. DATE 9/2/87			re National	Baltimore	Count	y Ma	arylánd

DHMH - 16 60M 7/84

BP.

George A. Weber & Sons Inc. -705 S. Ann St. (VRA 15, 4)

Baltimore County, 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Julia Dividson Rondoca

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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-	1 -	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	IENE / REG. NO	2	2 4	7 6
	DEC	EASED NAME OR PRINT)	KENNE'		Carlton	l	RATH	20 DATE OF DEATH	MONTH 08	29 87	4:31A _M
	3 SEX	Male		4. RACE White		S. DATE C	y 4.01909*EAR	6. AGE (IN YEARS LAST BIR	THDAY) YRS.	MONTHS DATS	HOURS MIN.
	7a BII	RIHPLACE (STATE O	R FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE WIDOWE	D NEVER MARRIED DIVORCED	BALTIMORI			MD.
	10 CI	TOWSON	EÀTH		OSPITAL, NURSIN		RLES ST.	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O Sales		IFE) INDUSTRY	truction
di	130. S	AL RESIDENCE OF NU TATE Maryland	13b COUN		GIVE RESIDENCE BEFORE 13c. CITY OR TOW Baltim	N	13d INSIDE CITY LIMITS?	13e STREET ADDRESS A	ziP cod barto	on Road	21212
	I4 FA	William	Н	enry	Rath		15. MOTHER'S MAIDEN NAM Marian	WIDDLE		Folso	sı M
	160 W	VAS DECEASED EVE VES NO OR UNKNOWN) NO		MED FORCES?	166 SOCIAL SECU 216-12-3		Eleanor R. Ma	ann 1801 The		21 2 04 on Ridge	Road
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	MEDICAL CER	21a. ACCIDENT WAS U OR CONTRIBUTING	CAUSE OF DE	HOUR A.	M. MONTH DA	AY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18	PART I OR PART 2)	
	MED	AT WORK	WHIIE		REET, FACTORY, OFFICE, F	8/1	211 LOCATION STREET	CITY OR TO	400	COUNTY	STATE
		sow the deceded obove, (I) (we) 22b. SIGNATURE	osed plive or	tol) ottended8th	19_	87	nd that in (my) (our) opinion DEGREE	. 10	ote and ha		that (I) (we) lost couses stated SIGNED
_		22d. PHYSICIAN'S I	NAME (TYPE C		am 'x		22e ADDRESS	MEDICAL STAI	IAN []	8/2	9/87
		FRANK					1	NORTH CHARLE	IS ST	•	
		BURIAL, CREMATION	N, REMOVAL	23b. DATE		NAME OF	CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR:

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other troumatic event,

Greenmount

Baltimore City

6500 York Rd 250 DATE REC 21212 SEP 3 SEP 3 Mulia Sinder Rudale 1987

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS

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F	REGISTRAR				CEKITE	ICATE OF	DEATH	043 - 2	REG. NO	1 2 2		C 13
1	DECEASED NAME	FIRST		MIDDLE	1	AST		20 DATE OF	DEATH M	ONTH	DAY YEAR	2b. HOUR
1	(TIPE OR PRINT)	MARY	MA	RGARET	RAWL	INGS			08/	18/8	7	(2)A
3	SEX		4 RACE		5 DATE C			6 AGE IN YE			IF UNDER I YEAR	IF UNDER 24 HRS
	FEMAL	E	WHITE		JUN	E 2	1917		70	YRS		1
7	O. BIRTHPLACE (STATE	OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D NEVER	MARRIED -	9 BALTIMOR	E CITY OR	COUNTY	OF DEATH	
3	MARYLAND		U.S.A.		WIDOWE		WORCED X	BALTI	MORE	COUNT	ГҮ	M
11	OCITY OR TOWN OF		11. NAME OF	HOSPITAL, NURSIN	ADDRESSI	OR OTHER INS	NOITUTITE	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING			126 KIND OF BUSINESS OF INDUSTRY INSURANCE	
9	CATONSVILL		1431 H	ALLWOOD R	ROAD CATONSVILLE			CLERK	CLERK			RANCE
	USUAL RESIDENCE (# 130. STATE MARYLAND	136 COUN BALT	TY 13c CITY OR TOWN		/N	1136 INSIDE CITY LIMITS?			134 STREET ADDRESS / ZIP CODE M. 1431 HALLWOOD RD.			ND 2122 NSVILLE
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,	60 WAS DECEASED E			166 SOCIAL SECU	JRITY NO.	17 INFORM	ANT		ADDRES	MAK	RYLAND	21228
	NO OR UNKNOWN	(IF YES, GIV	E WAR OR DATES)	212-07-0	677	MARY	G. BENNI	ER 143	1 HAL	LWOOD	RD. C	ATONSVII
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7	PART 2 OTHER 190 DATE OF OP 210. ACCIDENT WA			ONTRIBUTING TO				100 AUTO		206. IF YES	S, WERE FINDI	NGS USED
1	TF.							YES 🗆	NO		YING CAUSES	NO [
	OR CONTRIBUTION	CAUSE OF DE	A CONTRACTOR OF THE PARTY OF TH	OF INJURY M. MONTH D M.	AY YEAR	21c. HOW I	NJURY OCCUR	RED (ENTER NAT	URE OF INJURY	IN ITEM 18 P	PART (OR PART 2)	
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	the dec	eo ed oli i e) did) did se	tol) opended h	glem death	V . o		r) (our) opinian	death occurred	on the dot			
	TA SENATURE	Vana	A	Stool	tho	PAS		MEDICAL DIRECTOR [ST AFF		220 DATE	18/87
	130 MAYSICIAN	SNAME ITYPE O	R PRIMI)	RIFFER	5	90	> /1	ATON	Au	₽.	BANT	M31.
	230 BURIAL, CREMATI		23b. DATE				CREMATORY	23d LOCA			COUNTY	A. Davida
	R	URIAL	08/20	/8/ IWC	WA.ICIO	N CEME	TERY	DAT	TTMOI	DE CO	TIMITIV	MARYLAN

FUNERAL HOME 350 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE MD 21228 AUG 1 9 1987 The Decident Confedence of the Confedence of the

DHMH - 16 60M 7/84 (VRA 15, 4)

1630 EDMONDSON

RUSSELL C WITZKE AVE. CATONSVILLE

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottent should be detached for use as the burial-transit permit. Then please remove as with the State Dept. of Health and Mental Hygiene priar to burial, cremation,

TO HOSPITAL OR ATTENDING PHYSICIAN; The low requires that the retained by the hospital or ottending physician.

	I A I E UF M		
DEPARTMENT	OF HEALTH	AND MENTAL	HYGIENE
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page 3	1. DE	CEASED NAME FIRST OR PRINT) WILLIA	M Brady		REIHL	20. DATE OF DEATH MONTH 08 14	
un often pa	3. SE	MALE	4 RACE CAUC	S. DATE O	26 DAY 21 AR	65 YRS **	IF UNDER 1 YEAR IF UNDER 24 HRS
Part of	M	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	MARRIE		9. BALTIMORE COUNTY BALTIMORE COUNTY	Υ ,
filed with	2	TOWSON	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIV GRMC-6701 N	CHARLE		TTO USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE PROJECT MANAGE	126. KIND OF BUSINESS OF INDUSTRY COnstruct
filled in		at residence if hursing home aryland Ann	or other institution, give residence unity a runder 135 city of the Arunder	E BEFORE ADMISSION) BALTO	13d INSIDE CITY LIMITS?	13 STREET ADDRESS / ZIP CODE HAILE AVE	, 21225
Popular Spanine		THER'S NAME Fred®rick	MIDDLE RE	ë'ihl	Sarah Sarah	ME	Elöürn
Pogest medical	160 \	VAS DECEASED EVER IN U.S.		L SECURITY NO. B2470	Kathleen R	eihl Same As	# 13
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hos been permit. I sine prior	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	IN CERTIFY	WERE FINDINGS USED YING CAUSES OF DEATH?
certificate oriol-transit tental Hygie Item 18 sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE EITHER NOTIFY MEDICAL EXAMI	DEATH HOUR A.M. MONT	H DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT 1 OR PART 2]
the brond M	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY	OFFICE, FARM, ETC.)	ZH. LOCATION STREET	CITY OR TOWN	COUNTY STATE
for us of He 21 is		sow the deceased alive above, (I) (we) (did) (did	on 8-14 nati view the body after death	from		death occurred on the date and hour	
detoched detoched fore Dept of the Dept of	C	271 STONATURE	modefi			MEDICAL STAFF	8-14-67
should be deto with the Stote		THAIS GLANA	OS,M.D.			CHARLES ST.	
- 5 > 2	23a B	BURIAL, CREMATION, REMOV	8/17/87	Wesley	Chapel	11.	ent Md'.
H - 16 60M 7/84		uneral director CCUILY Funer	al Home ^º	oresBalt.	ra taps co 250 AU	ERECO BY REGISTRAR 256 RECUSTR	PAPS SIGNATURE

DHMH - 16 60M 7 (VRA 15, 4)

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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222	APG .	II Da	DEASED NAME	FIRST		MIDOLE	L	AST	20 DATE OF DEATH	MONTH D	AY YEAR	2b HOUR
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E po		3 SE	X		4. RACE		S. DATE C		6. AGE (IN YEARS LAST BIR		ONTHS DATS	IF UNDER 24 HRS. HOURS MIN.
ge 4 ecto			Female		White		July	7 11, 1906 AR	81	YRS		
Po.	36		IRTHPLACE (STA	TE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY	OF DEATH	
and and			aryland		U.S.A		WIDOWE		Baltimore (County		MD.
er d withi	Control of the contro	10. C	ITY OR TOWN O	DEATH	11. NAME OF		NG HOME C	R OTHER INSTITUTION	120 USUAL OCCUPAT	ION	126 KIND C	OF BUSINESS OR
by th	To C	1	owson			11 Manor		ng Home	Dr. of Edu	cation	Balte	o. City
J'in b	6	USU		NURSING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEFOR	E AOMISSION)	13d INSIDE CITY LIMITS?	12. STREET ADDRESS	/ 7IP CODE		
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ithin tely 2.sh	0	14 F/	ATHER'S NAME					15 MOTHER'S MAIDEN NA				
w by mple) W		Unkno	wn	MIDOLE	Townsend		Unknown	WIDDLE		Unkno	wn
ecute A cor	00		WAS DECEASED I			16b. SOCIAL SEC	URITY NO.	17 INFORMANT	ADDRE			
e execu	medico	(YES, NO OR UNKNOW	N) (IF YES, GIV	E WAR OR DATES)	292-07	-9044	William H. 1	Reimuller-1	104 Va	1ewood	Rd.,2120
te b	+ - +			DEATH (Enter on	ly one cause per	line for (a), (b), g		1			BETWEEN	MATE INTERVAL ONSET AND DEATH
nfico nfico	no.			TH WAS CAUSE	Ď BY:	Cardo		ulmonary a	inest.			
8	1			MANEDIA		B AS A CONSEQU	ENICEOE	1 /2				
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bee Tit.		CERTIFICATION	190 DATE OF OF	PERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDING	
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ndin his c	d Me	MEDICAL	21d INJURY OC	CURRED		OF INJURY REET, FACTORY, OFFICE.	EADM ETC 1	211 LOCATION STREET	CITY OR TO)WN	COUNTY	STATE
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AP Or AP	e olt		220.1 certify th	ot (1) (this hospi	tol) attended	e deceased from.	27/	483 19"			9.87.	that (1) we) last
TTEP pito	21:	100	saw the de	eceased alive on we) (did) (did no	I view the body	ofter death.	8 . or	d that in (my) (our) opinion	death occurred on the d	ote and hour	and from the	causes stated
OR A e hos DIREC	ten.		226. SIGNATUR		t A.			DEGREE			22C DAY	SIGNED
y the	T. F			011	Mel	2 map	/	O ATTENDING	MEDICAL STA		8/0	18+
- D = 0	N T	7	22d. PHYSICIAN	SMANE ITYEO	R PRINT)	1.		22e ADDRESS			11	
o HOS stoined	with the Sto		Dr c	tenhen	Laiken			(005				
oper Of other	3 3	230	BURIAL CREMAT			230	NAME OF C	EMETERY OR CREMATORY	Res LOCATION			
BP		В	uria1		8-4-	87 I	arkwo	od Cemetery	Parkvill	е,	Balto.	Md.
		24 F	UNERAL DIRECTO					25g. DAT	E REC'D. BY REGISTRAR			
DHMH - 16 (VRA 1:]	Ruck [®] Tov	son Fu	neral H	ome, ^Tho	. 10	50 York 3d.	AUG 03 19	B7 .	in Bino	400 . Rondoca

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FOR	DED A DI	STATE OF MARYLAND	CIENTO / O	2 2 2 4
- STATE	DEPAKI	CERTIFICATE OF DEATH	REG. NO.	de de 1
ECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
PE DR'PRINT) MARY	/ 4	REMINGTON	08 10	'87 2.55p M
EX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
	White	SEPT.7, MY920 YEAR	CC	MONTHS DAYS HOURS MIN.
BIRTHE MALE, TATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY		9 BALTIMORE CITY OR COUNTY	CEDEATH
COUNTRY)	THE CHIZEN OF WHAT COUNTRY	MARRIED DE NEVER MARRIED	BALTIMORE CITT OR COOKE	OFDEATH
Maryland	USA	WIDOWED DIVORCED	BALTIMORE COUNT	MD.
CITY OR TOWN OF DEATH		NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI	126 KIND OF BUSINESS OR
TOWSON	GBMC-6701 N. CH	ARLES ST.	Housewife	INDUSTRI
JAL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDENCE BEFO			
STATE 136 CO			13e STREET ADDRESS / ZIP COD	
Md.	Baltim			k Ave. 21234
ATHER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN NA	WIDDLE	LAST
Harry	Kraft	Madeline	St	ansbury
WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SEC		ADDRESS	
no	213-12-	0527A Mr. David J	Remington Same	
	only one couse per line for (a), (b), o		1101112115 0011	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUENCE OF AS A CONSEQUENC	2 CVA		11 DAYS
PART 2 OTHER SIGNIFICAN	(c)	DEATH BUT NOT RELATED TO THE TER.	MINAL DISEASE OR CONDITION GIV	VEN IN PART IIIO
19a DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \(\text{NO} \)
210. ACCIDENT WAS UNDERLYING			RRED (ENTER NATURE OF INJURY IN ITEM 18	PART (OR PART 2)
OR CONTRIBUTING CAUSE OF C	CAIN	DAY TEAR		
214 INJURY OCCURRED	21e PLACE OF INJURY	21f LOCATION		
WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE	FARM ETC) STREET	CITY OF TOWN	COUNTY STATE
sow the deceased alive	pital) attended the deceased from 19_not) view the body after death.	, 198/ , and that in (my) (our) opinion	, to 8/10.	19_8/, that (I) (we) lost or and from the causes stated
22b. SKGNATURE	not view the body offer deoth.	DEGREE		220 DATE SIGNED
Craig m.s	land war in	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	8/10/87
CRAIG M. SHA	UGHNESSY, M.D.	GBMC-6701	N. CHARLES ST.	

231 NAME OF CEMETERY OR CREMATORY

Parkwood

DHMH - 16 60M 7/B4

BP.

TO FUNERAL DIRECTOR. After this certificate should be detached for use as the burial-transitional the State Dept. of Health and Mental Hygg. IMPORTANT: If them 21 is morked or them

24 FUNERAL DIRECTOR Leonard J. Ruck Inc. Baltimore, Maryland (VRA 15, 4)

Aug. 13, 1987

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

NATORY 23d LOCATION
BATCHMORE COUNTY Maryl

Maryland

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

SEP 1

1987

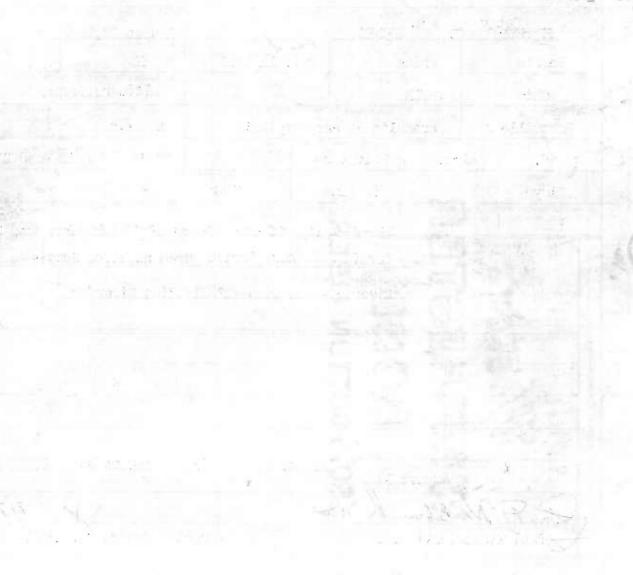
Julia Divideon Landale

	74	DREGISTRAR			CEKITI	ICATE OF DEATH	REG. NO	5>		
,		CEASED NAME FIRST	Μ.	HODES		AST	August 30	1987	DAY YEAR	26 HOUR 7:59PM
	3. SE)		4 RACE	110010	5. DATE		6 AGE (IN YEARS LAST BIR	HDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
		Female	White	2	Oct	. 11°1923 EAR	63	YRS	MONTHS DAYS	HOURS MIN,
2		RTHPLACE (STATE OR FOREIGN Ohio	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWI	D KNEVER MARRIED D	Baltimore city o			MD.
7	10 CI	Rossville		HOSPITAL, NURSIN HEACHTY, GIVE STREET A KLIN Squa		or other institution ospital	TYPE OF WORK FOR MOST O HOUSEWIF	ON F WORKING LI E	IFE) 126 KIND (INDUSTRY	OF BUSINESS OR
5			ME OR OTHER INSTITUTION OUNTY	GIVE RESIDENCE BEFORE 136 CITY OR TOWN WhiteMa		13d INSIDE CITY LIMITS?	13° STREET ADDRESS. 10932 Red	ZIP COD	Road 2	21162
)	14.FA	THER'S NAME FLOYd	WIDDLE	Finmicu	m	15 MOTHER'S MAIDEN NAM	ME	N.	= "	ST
		VAS DECEASED EVER IN U.S	S. ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS		
		no (if the	S GIVE WAR ON DATES	284-20-9	911	George Rhode	es 10932 Re	d Lio	n Road	21162
		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA	ei only one couse per AUSED BY: DIATE CAUSE (a)	Cardio F	ulmoi	nary Arrest G	ram negativ	e Ser		XIMATÉ INTERVAL I ONSET AND DEATH
	TION		h (b) DUE TO, OI	R AS A CONSEQUE	NCE OF	e with 2° Ble	inal disease or con	DITION GI		
7	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	ITION FOR WHICH	OPERATIC	ON WAS PERFORMED	YES NOT	IN CERTI	ES, WERE FIND IFYING CAUSE ES	
	1	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER NOTIFY MEDICAL EXAM	DE DEATH HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR		TY IN ITEM 18	PART 1 OR PART 2)	
1	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		REET FACTORY OFFICE F.		211 LOCATION STREET	CITY OR TO		COUNTY	STATE
		220 I certify that \$1 (this hospital) attended the deceased from August 28 , 19 87 , to August 30 , 18 , that \$1 (we) lost sow the deceased alive an August 30 , 19 87 , and that in (NY) (our) apinion death accurred an the date and have and from the causes stated above, (§) (we) (did) (di								
	7	Paul Wie	lebinski M	.D.		9000 Frank	lin Square	DR.	21237	/
	23a B	BURIAL, CREMATION, REMO	VAL 236 DATE	23c. N	NAME OF	EMETERY OR CREMATORY	23d LOCATION		NO DESTRU	57.48
	(Burial	9/2/	87 H	ollyE	IillCemetery	MiddleRiv	er Ba	1timore	Marylan
	24. FL	JNERAL DIRECTOR				250 DAT	E REC'D. BY REGISTRAR	25b REGIS	TRAR'S SIGNA	TURE

Connelly Funeral Home 300 Mace Ave. 21221

DHMH - 16 60M 7/84 (VRA 15, 4)

etoined by the hospital ar



IMPORTANT: If hem 21 is morked or ham 18 show any lighty, or other froumotic event

DHMH - 16 50M 4/83 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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87	FOR STATE REGISTRAR		FHEALTH AND MENTAL HYG	IENE REG. NO	6 6 60	
		MIDDLE	LAST		MONTH DAY YEAR	R 26 HOUR
TTYPE	EASED NAME FIRST	MIDDLE	(ASI	A DATE OF DEATH	- 100 -	26 HOUR
,	MACIE	MAY	ICKS	H1/6. 7	5 1487	1 12:13
CEY	111011	PACE	E OF JID'Y	6 AGE (IN YEARS LAST BIRTI	HDAY) IF UNDER TY	FAR # HNDER 24 HD
. SEX	4.1	S. DAT	NIH DAY - YEAR -	AGE (INTEAKSTASI BIKI)		AYS HOURS MI
		AP	0 10 1097	40		
0.10	TAIDLAGE	TITIZE LOS MALLAY COLLA VENYO	101011	9 BALTIMORE CITY OF	YRS.	-
a. BIN	THPLACE (STATE OF FOREIGN 76	CITIZEN OF WHAT COUNTRY?	RIED NEVER MARRIED	ALTIMORE CITT OF	COUNTY OF DEATE	-11
11	RITINIA	USA WIDO		BALTO	COUNT	-
CIN	Y OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING HOM		120 USUAL OCCUPATION	ON 126, KIN	D OF BUSINESS
CII	TOR TOWN OF DEATH	UENOT IN SUCH FACILITY, GIVE STREET ADDRESS)	E OR OTHER INSTITUTION	(TYPE OF WORK FOR MOST OF		
Ã	TANGVILLE	FORFIT HAVE	N NURC. H	1	MA	RTING.
	L'RESIDENCE (IF NURSING HOME OR OTH TATE 136 COUNTY			In STREET APPRESS /	ZIP CODE	
1	ND IS COOKIT	GATONS VI 11	YES NO P	13. STREET ABORESS	MOUTH	RD
, FA	THER'S NAME		15. MOTHER'S MAIDEN NA	ME		
1	FIRST MID	DIE DILAHASINA	FIRST	MIDDLE	DAMA	LAST
1	EDWARD	KHUNES	2.00		MATIER	SON
a W	AS DECEASED EVER IN U.S. ARME	D FORCES? 166 SOCIAL SECURITY NO	17 INFORMANT	ADDRE:	55	
(Y)			2	Theka a.	1.15	
	140 -	120,03.434	SEUGENE A	RICKS CH	ADS WO	RTHA
\neg	IN CALLER OF BEATH &	one couse per line for (o), (b), and (c).)			APP	ROXIMATE INTERVAL EEN ONSET AND DEA
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) NOTIONS CONTRIBUTING TO DEATH B	metosfatic .	AINAI DISFASE OR CONF	DITION GIVEN IN PAR	I ho
CERTIFICATION						
5	198 DATE OF OPERATION	196 CONDITION FOR WHICH OPERAT	ION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAU	
=				YES T NOT	YES []	NO []
X I	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c HOW INJURY OCCURE		- Company	
		HOUR A.M. MONTH DAY YEA		LENIER NATURE OF INJUR	TIN TEM IS PART I OK PART	41
4	OR CONTRIBUTING CAUSE OF DEATH	P.M.				
2	(# EITHER, NOTIFY MEDICAL EXAMINER)					
MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM ETC.)	211 LOCATION STREET	CITY OR TOV	vn COUNTY	STATE
2	WHILE NOT WHILE AT WORK	The state of the s				
		L	-			
- 1	22a. I certify that (I) (this hospital)	ottended the deceased from	19	, to		, that (I) (we)
	sow the deceased alive on	19 17	ond that in (my) (our) opinion (deoth occurred on the do	te and hour and from	the couses stoted
	obove, (I) (we) (did) (did not) v	iew the body ofter deoth.	DECORE		100 5	ATE CICKIES
	226. SIGNATURE	ren	DEGREE		//	ATE SIGNED
	1100		ATTENDING PHYSICIAN	MEDICAL STAF		26/87
	and Dillye Stanks alane			J DIKECTOK LI PHISIC		-
	22d. PHYSICIAN'S NAME (TYPE OR PR	INT)	220 ADDRESS -34-5	5 LILKE	W Are	
	RAVENGHRA	~	010	43	21225	
		<u></u>			414	
3a. B	URIAL, CREMATION, REMOVAL	236. DATE 231. NAME O	F CEMETERY OR CREMATORY	236 LOCATION		
D	CAD IAI	8/20 /OH NIAL.	rnmennnii	17 Y	COUNTY	N) D'ATE
U	UNITU	U/ TO / O'/ IYEW	STITICUKAL	a yorke	0	1.111
FU	NERAL DIRECTOR	ADDRESS 153	25a DAT	E REC'D BY REGISTRAR	25b. REGISTRAR'S SIGN	NATURE

0 8 1 + 0 a 222 - 1 67 PHOME THE PARTY OF PERE VINCENCIA CLARA SE NO CARLO CARROLLA CONTRA DE LA CONTRA DEL CONTRA DE LA CONTRA DEL CONTRA DE LA CONTRA DEL CONTRA DE LA CONTRA DE LA CONTRA DE LA CONTRA DE LA CONTRA DEL CONTRA DEL CONTRA DE LA CONTRA DE LA CONTRA DEL CONTRA DEL

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	STATE OF M	ARYLAND	
DEPARTMENT	OF HEALTH	AND MENTAL	HYGIENE

2229

Ġ	REGISTRAR		CERT	IFICATE OF DEATH	REG. NO.	- M
•	RU 7		G.	RIBER	20. DATE OF DEATH MONTH	1-87 26 HOUR
	3. SEX Female	4. RACE White		E OF BIRTH v. 24, DAY 912 YEAR	0.7102 (IF UNDER 1 YEAR IF UNDER 24 HRS
5	76. BIRTHPLACE (State On FOREIGN COUNTY) COUNTY) COUNTY COU	76 CITIZEN OF W	MAR	RIED NEVER MARRIED WED MED DIVORCED	Baltimore County Baltimore County	ty MD.
)	Randalls town	Baltimo	re County G	e or other institution eneral Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING HEL HOUSEWIFE	1/26. KIND OF BUSINESS OR INDUSTRY
		ITY II	ive residence before admission of the control of th	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE 7911 Westmorela	
)	14 FATHER'S NAME FIRST Milton	MIDDLE	Gormley	15. MOTHER'S MAIDEN NA Claudia	WIDDLE	Deveney
	160 WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV	F WAR OR DATES!	66. SOCIAL SECURITY NO 212-03-9344		ADDRESS E. Rider Same a	s #13e
	PART I. DEATH WAS CAUSE IMMEDIA? Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR A	Massive As a consequence of Ance As a consequence of		tinal bleeding cinoma	6 days
7	PART 2. OTHER SIGNIFICANT OF DIABLES ME 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	ellitus	NTRIBUTING TO DEATH BE CHARLES OF COMMENTS OF THE COMMENTS OF	diarrhot	200 AUTOPSY? 20b. IF YES	Cinoma, analmos, were findings used ying causes of death?
100	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINET 214. IN JURY OCCURRED		. MONTH DAY YEA	21c HOW INJURY OCCUR 9 21f LOCATION	RED (ENTER NATURE OF INJURY IN ITEM 18 P	
	220.1 certify that (1) (this hospi sow the deceased alive on above, (1) (we) (did) (did no	(AT HOME, STREE tol) oftended the	deceosed from	ond that in (my) (our) opinion	city or town, to 87, death occurred on the date and hou	
	22b. SIGNATURE	Home!	Show	DEGREE ATTENDING	MEDICAL STAFF	27c. DATE SIGNED

BP. DHMH - 16 60M 7/84 (VRA 15, 4)

WPORTANT: If He

TO FUNERAL DIRECTOR: After this

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 23b. DATE 8-5-87 24 FUNERAL DIRECTOR

122d. PHYSICIAN'S NAME (TYPE SPRINT)

J. Parikh, M.

FOR

23c NAME OF CEMETERY OR CREMATORY Parkwood

22e ADDRESS

7445-A Furnace Branch Rd,

23d. LOCATION
CITY OR TOWN
Baltimore, Maryland

Baltimore Maryland Leonard J. Ruck, Inc.

AUG 03

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and the second	Interest II	Ine a late		reflected.
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063758

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

REGISTRAR			CEIVIII	ICAIL OF DEATH	REG. N	0.		9	
ASED NAME	FIRST	MIDDIE	L.	AST	20. DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR	
	larence	Μ.	RIS	STON	August 2	1, 1987		7:14	
1 SEX	4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY) IF UND	DAYS	IF UNDER 24 H	
MAle	White			18-1902 YEAR	85	YRS.	DATS	HOURS M	
70 BIRTHPLACE (STATE O		OF WHAT COUNTRY	Y2 8	D NEVER MARRIED	9 BALTIMORE CITY C		ATH		
Baltimore,	MD. U.	S.A.	WIDOWE		Baltimore	County			
10 CITY OR TOWN OF DI	ATH 11, NAME C			OR OTHER INSTITUTION	12a USUAL OCCUPAT	OF WORKING LIFE) IN	DUSTRY	BUSINESS	
BAltimore		anklin Sc		ospital	Bridge Cons	tructibn	Ba	lto. C	
LIN STATE	136 COUNTY	13t. CITY OR TO		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE			
Md.	Baltimore	Baltim	nore	YES NO X	2430 Pop1	ar Road	-212	21	
14. FATHER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	WIDDIE		LAST		
160. WAS DECEASED EVE			CURITY NO.	17 INFORMANT	ADDRE	SS	D'a		
(YES NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES	214-20-	-2819	Valerie M. O	'Brien - 24	30 Popla	r Rd	2122	
18 CAUSE OF DEA	TH (Enter only one cause)	per line far (a), (b),	and (c)					MATE INTERVAL	
PART I. DEATH	WAS CAUSED BY:	Cardiopul	monary	Arrest					
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiopulmonary Arrest								
C For 16	Conditions, if ony, which (b)Atherosclerotic Cardiovascular Disease								
gave rise to in	mediate	Aulerosci	CIUCIC	Cararovascar	AL DISCUSC				
cause (a), stat	ing the DUETO	OR AS A CONSEO	UENCE OF			1			
	(c),			4					
	INIFICANT CONDITIONS	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN	PART 11a	1	
2 Aortic	Aneurysm								
Aortic 19a DATE OF OPER	ATION 196 COI	IDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	YES NO	20b. IF YES, WERI IN CERTIFYING O			
21a. ACCIDENT WAS U		OF INJURY	200	21c. HOW INJURY OCCURR			PARI 2)	110	
OR CONTRIBUTION	CAUSE OF DEATH	A.M. MONTH							
(IF EITHER NOTIFY MEI 21d. INJURY OCCU		P.M. E OF INJURY	19	211 LOCATION			-	_	
WHILE NOT		STREET, FACTORY, OFFICE	E FARM, ETC)	STREET	CITY OR TO	WN CO	YTMU	STATE	
		1 1 1 1 1 1	4-7	-राम	to a Ava	9	2.	100	
south deced	(this horizate) attended	S AU u 10		nd that in (💓) (aur) apınian a		ate and hour and I	rom the c	hat (we) I	
thove, A (we)	did (d 3 d) view the bo	dy alter death.							
17% SIGNATURE	NXIL		an	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF S	A Av	A Q T	
274 PHYSICIAN'S	IAME (TYPE OR PRINT)			22e. ADDRESS			,	10,	
Jan Bac	howski ,MD.			9000 Fra	nklin Squar	e Dr., 2	1237		
23a. BURIAL CREMATION		230	. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION				
Cremation	8-2	4-87 G	reenmo	unt Crematory	Baltimor	e, Maryla	nd	STATE	
24 FUNERAL DIRECTOR					REC'D. BY REGISTRAR	256 REGISTRAR'S	SIGNATU		
John C. Mi	ller. Inc6	415 Belai	r Rd	21206	F 4007 A.S.	Sandson	fande	E.	

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR, should be detached for ut MPORTANT If Bem 21 is

TO HOSPITAL

STATE OF MARYLA
DEPARTMENT OF HEALTH AND

AND MENTAL HYGINE

063967 AUG	28	STATE REGISTRAR	DE		STATE OF M INT OF HEALTH CERTIFICATI	AND MENTAL HY	REG. NO	50	
Pe 3		CEASED NAME FIRST OSCAY		R	Robinson		August 23,1987	DAY YEAR	7;15P .m
ge 4 moy ectar. po	J. SE	Male	Colored 2	2	Feb. 8,1		6. AGE (IN YEARS LAST BIRTHDAY) 60 YRS	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
death. Po		ATabama	76. CITIZEN OF WHAT COU USA	,	WIDOWED	DIVORCED [Baltimore city or count	Co.	MD.
	0	Wings Mills	3 Bitterroo	E STREET AD	irt Irt	ER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING I Congoleum Con		OF BUSINESS OR
AND 25			ROTHER INSTITUTION GIVE RESIDENCE STATE OF THE CONTROL OWING	R TOWN	11s 13d. IN YES		13e.STREET_ADDRESS / ZIP COO 4 Bitterroot	[∞] Ct. 211	.17
BALTIMORE, MARYLAND 2120 BALTIMORE, MARYLAND 2120 Control or executed within 24 hours yesting and completely alligation opers. Pages 1 and 2 shalling be re- well.		Albert	Robii			Sarah	MIDDLE	Mitche	
Timore the execu-		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	WE MAR OR DATES	22-31		Helen E. F	Robinson Owings		Md .
PRESTON ST., the death certification of the offending of		Conditions, if ony, which gove rise to immediate cause to), stating the underlying cause lost	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c)	ISEOUEN	CE OF CONTRACT	at 1	McClot.	3	
DIVISION OF VITAL RECORDS, 201 W. ING PHYSICIAN: The low requires that it after this certificate has been signed by it os the burial-stransit permit. Then please it and Mental Hygiene prior to burial, creaded or them 18 shifting any injury, or other	IL CERTIFICATION	190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONT		21c. H		IN CERT	ES, WERE FINDIN IFYING CAUSES (ES	
DIVISION OF DIVISION OF DIVISION OF After this certifies as the burial-ti- fifth and Mental marked or frem	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY,		19 211. L(OCATION STREET	CITY OR TOWN	COUNTY	STATE
O HOSPITAL OR ATTEND retained by the hospital of TO FUNERAL DIRECTOR. should be detached for use with the State Dept. of Hee MAPORTANT. If them 21 is n		226 SIGNATURE Daniel &	or PRINT)	0.	DEGREE A	in (my) our) opinion	death occurred on the date and ha		
BP	23a	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	8/28/87	-	ME OF CEMETE St. Luke		Reisterstown		STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	24 F	UNERAL DIRECTOR Line Funeral Ho	ome Reisterst	own,	Md. 211	36 250. DA	E REC'D, BY REGISTRAR 256. REGIS	TRAR'S SIGNAT	The state of the s

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And an analysis of the second	en seeint vos		e en la companya de l
AND O 6 1987	TELEPHONE WAS TRANSPORTED AND THE PARTY OF T		

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2	2	3	U	din
	100			

, ,						KEO. IV	J.			
7		CEASED NAME FIRST OR PRINT)	WIDDLE	LA	ST	20 DATE OF DEATH	MONTH D	AY YEAR	26 HOUR	
	(1117	Fra	ncis	R	oche	(08 16	87	1:00pm	
1	3 SEX		4 RACE	5. DATE OF		6 AGE (IN YEARS LAST BIR		F UNDER 1 YEAR	IF UNDER 74 HRS	
-1	M		W	MONTH 1	26 27	60	YRS	ONTHS DAYS	HOURS MIN.	
d		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	8	G . G	9 BALTIMORE CITY O		OF DEATH		
/ 1	C	OUNTRY			KNEVER MARRIED	Daltimona /	County			
-	10. CT	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL NURSI	WIDOWED		Baltimore (12h KIND O	F BUSINESS OR	
			(IF NOT IN SUCH FACILITY, GIVE STREE	T ADDRESS]		(TYPE OF WORK FOR MOST O	F WORKING LIFE			
2		Towson	Greater Baltimo		ical Center				-	
1		TATE 13b COUP				13e.STREET ADDRESS		d	1093	
		MD. TIM	ONIUM		YES NO X	2128 Surk	ourbar	n Gree	en Dr.	
2	14. FA	THER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NAM	MIDDLE		LAS		
4		FIRST	mout the		rik3)	model		LAS		
П		VAS DECEASED EVER IN U.S. AR		URITY NO.	17 INFORMANT	ADDRE				
1	f,	(ES, NO OR UNKNOWN) (IF YES, GIV	566-10	-8137	Carroll K		er -	Attor	ney	
1		18 CAUCE OF DEATH (Sales of			82	3-1300		APPROXI	MATE INTERVAL DISET AND DEATH	
-1		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY:								
-		IMMEDIA	TE CAUSE (0) Sepsis					2 wee	SKS	
			DUE TO, OR AS A CONSEQU		'amainama of I	una		Lumlan.		
		Conditions, if any, which	(b) Auerrosqui	allious (Carcinoma of L	_ung		unkn	OWII	
	100	couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQU	JENCE OF						
		and rying coose tost.	((c)							
	7	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT N	OT RELATED TO THE TERMI	NAL DISEASE OR CON	DITION GIVE	N IN PART 110		
	CERTIFICATION					T	Table 12 Mag			
2	ICA	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED 200 AUTOPSY?			20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?			
I	RTIF					YES NO	YES		NO 🗌	
5		210 ACCIDENT WAS UNDERLYING CAUSE OF DE	HOUR A.M. MONTH	AY YEAR	21c HOW INJURY OCCURRI	ED (ENTER NATURE OF INJUI	EY IN ITEM IS PA	RT 1 OR PART 2)		
7	CAL	CIFETHER NOTIFY MEDICAL EXAMINE	AIN .	19						
	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION	CITY OR TO	wn	COUNTY	STATE	
	*	WHILE NOT WHILE AT WORK	TAT HOME STREET, PACTORY, OFFICE.	FARM EIC J	31112					
		220 I certify that (I) (this hosp	ital) attended the deceased from	July 2	2. 19 87	toAugus	t 16	9.87	that (II (we) lost	
		sow the deceased alive on	AUGUST 16, 19	37, and	that in (my) (our) apinion d	leath occurred on the de	ote and hour	and from the	couses stated	
		22b SIGNATURE	ot) view the body olter deoth.	D	EGREE			22c. DATE	SIGNED	
		Dane	B. Lohne		4D ATTENDING PHYSICIAN	MEDICAL STAI		8/17	1/27	
H		224 PHYSICIAN'S NAME (TYPE	OR PRINT)	/	22e ADDRESS	DIRECTOR PHYSIC	IANZ	-/ /	/ 5 /	
					The second secon					
		Lawrence Whi			G.B.M.C					
	230 B	BURIAL, CREMATION, REMOVAL SPECIFY)	23b DATE 23c	NAME OF CE	METERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE	
		Removal	8-18-87							
	24 FL	JNERAL DIRECTOR	ADDRESS		A 250 DATE	REC'D BY REGISTRAP	256 REGISTR	AR'S SIGNAT	URE	
	C	State Anatomy		to	MA AUG Z	4 150 700	DAMAGE!	1	1	

Balto.,

Md.

DHMH - 16 60M 7/84

State Anatomy Board

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending should be detached for use as the burial-transit permit. Then please remove corbs with the State Dept of Health and Mental Hygiene prior to burial, cremation, or mixMORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other traumating

etoined by the hospital or attending physician

BP.

(VRA 15, 4)

36

FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEN

	REGISTRAR				CERTII	ICAIL OI DEAL	41	REG. I	NO.	3	3.7.19
	CEASED NAME	FIRST CE	RTRUDE	H.		ROCK	2	DATE OF DEATH	MONTH	DAY YEAR	2h HOUR
(ITPE		ecteu	do	H	K	POCK TOOK			8-0	26-87	6:20AN
SEX			RACE	14.	S. DATE C	OF BIRTH	6.	AGE (IN YEARS LAST E	IRTHDAY	IF UNDER I YEAR	IF UNDER 24 MRS
	Comalo		Wish.	:10	MONT		B	.69	YRS	MONTHS DAYS	HOURS MIN.
e. BIF	RTHPLACE (STATE OR	FOREIGN]	L CITIZEN OF	WHAT COUNTRY?	· B		_ 9	BALTIMORE CITY		Y OF DEATH	
C	OUNTRY) MD.		45.		WIDOW		ED B	ALTO COUL	244		MD
0 CI	TOUSON	ATH		HOSPITAL, NURSING HEACHITY, GIVE STREET		DROTHER INSTITUT	/ L	20 USUAL OCCUPA TYPE OF WORK FOR MOST IOMEMAKET			f business or Iome
3a. S	AL RESIDENCE (# NURS TATE LTYLAND	136 COUN		GIVE RESIDENCE BEFORE 131. CITY OR TOW Cockeysv	VN	134. INSIDE CITY LI	MITS?	2F Queens	ZIP COD Brid	ge Ct. 2	1030
	THER'S NAME		eroy	Horney		Gertruc		M.		Sche11	er
	VAS DECEASED EVER			166 SOCIAL SECU	URITY NO.	17. INFORMANT		ADD	RESS		
No	YES, NO OR UNKNOWN)	(IF YES GIVE	WAR OR DATES)	212-09-	3882	Charles	M. Ro	ck, Jr	same	as #13e	2
CERTIFICATION	gove rise to im- couse Io1, storic underlying cause PART 2 OTHER SIGI	ng the lost.	(c) ONDITIONS <u>C</u> (DEATH BUT	NOT RELATED TO 1		AL DISEASE OR CO	20b. IF YE	ES, WERE FINDIN	IGS USED
RTIFIC								YES NO	Y	IFYING CAUSES	OF DEATH?
CAL	210. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MED	CAUSE OF DEAT	Р	.M. MONTH D .M.	AY YEAR		OCCURRE	D (ENTER NATURE OF IN	JURY IN ITEM 18	PART OR PART 2]	
MEDI	21d INJURY OCCUR	HILE		OF INJURY REET FACTORY, OFFICE,	FARM ETC)	211 LOCATION STREET		CITY OR	TOWN	COUNTY	STATE
	220 I certify that (I)			ne deceased from		N/A:15	·	_, to			that (II (we) last
	saw the deceos above, (1) (we) (27b. SIGNATURE	ed alive on did) (did not	view the body	after death	1		IDING		AFF \	22c DATE	
	274 PHYSICIAN'S N AdeL	S- (ennav	NN	22e ADDRESS	S.	Jo. N	-	al-Osler	Dr.212
	BURIAL, CREMATION,	, REMOVAL	23b. DATE 8-28-8	37	More	land Mem.		23d LOCATION CITY OF TOWN Parkvi	lle,	Balto.,	мã.
	JNERAL DIRECTOR				York			REC'D. BY REGISTRA	R 25b. REGIS	STRAR'S SIGNAT	URE
Ru	ıck Towson	Funer	al Home	e, Inc.,T	owson	, Md.2120	LAUC	3 1 1007	Asia	Nicha:	Podasa

DHMH - 16 60M 7/84 (VRA 15, 4)

646	78	SEP -3	87	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 7 2 2 3 0 4 CERTIFICATE OF DEATH REG. NO. 1
	di m	£		CEASED NAME FIRST	AND THE ROPER (20 DATE OF DEATH MONTH DAY YEAR 26 HOUR & 3/87 3.10 P.
	oy be	o o o	2.65	EDI	(P)
-	4 m	offer.	3 SE	Female	black of North OAY OF 85 PRES MONTHS DATS MOUNTS MIN.
	eoth, vo	BI		RTHPLACE (STATE OR FOREIGN	16 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED BALTIMORE COUNTY OF DEATH WIDOWED DIVORCED BALTIMORE COUNTY OF DEATH MARRIED NEVER MARRIED MAR
=6		the party of	R	andallstown/	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (SENTING THE COUNTY GENERAL HOUSE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HOUSE WITE
New York	24 hear	must la	USU 13a.	AL RESIDENCE (IF NURSING HOME OF TATE 131 COU	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
MARYLA	ed within	sminer	14. F	THER'S NAME FIRST MOSES	A. Bruce Annie Waters
IMORE,	1 3			VAS DECEASED EVER IN U.S. AI (ES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT E. ROGERS 3330 Old Court K
201 W. PRESTON ST., BA	hot the death certificate by the offending alban	ose remove corban policies (i. crimation, or remove other traumatic enemy	7	PART I. DEATH WAS CAUS	DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF (c)
	equires the	Then plear to burial injury, or	NO	PART 2 OTHER SIGNIFICANT	conditions contributing to Death But not related to the terminal disease or condition given in Part 1:0 deuter from Fraction
AL RECO	on.	grene prio	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY 201 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO
DIVISION OF VITAL RECORDS,	CIAN. T	ial-tronsin	3.0	210 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE	
VISION	G PHYS	s the bur	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) 211. LOCATION STREET CITY OR TOWN COUNTY STATE
0	TENDIN ortol or	or use a of Heolth	2	22a I certify that (I) (It) have	half attended the deceased from 19 19 1, to 19 1, that (I) (we) lost 19 19 1, and that in (my) (our) opinion death occurred on the date and hour and from the couses stated out in the body after death
	the hosp	etoched to Dept.		22b. SIGNATURE	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 220 DATE SIGNED 216 7
	HOSPIT,	2 - 2		22d. PHYSICIAN'S NAME (TYPE	
	BP_	₩ 3 ₹		BURIAL, CREMATION, REMOVA (SPECIFY) Burial	
		16 60M 7/B4	24 F	UNERAL DIRECTOR WM. C. March F,	/H West 4300 Wabash Avenue SEP 2 1987 Julia Division Randale

STATE OF MARYLAND

DEPARTI	CERTIFICATE OF DEATH	GIENE () / REG. 1	VO.	6	2	0 3	
DOLE	LAST	20. DATE OF DEATH	MONTH	DAY	YEAR	2h HOUR	
Bankert	Rohler	August	18,	1987	102	?	
	5. DATE OF BIRTH	6. AGE (IN YEARS LAST B	IRTHDAY}	IF UNDI	ERIYEAR	IF UNDER 24 H	1R.5
	MONTH DAY YEAR			MONTHS	DATS	HOURS M	IPV

REGISTRAR				CERTIF	ICAILO	PERIN	RE	G. NO.				125
1. DECEASED NAME	EIRST		MIDDLE		LAST	152-53	20. DATE OF DEA		DAY	YEAR	2b HOU	JR
	Virgi	1	Bankert		Rohle	r	Augus	t 18,	1987			٨
3. SEX		4 RACE		5. DATE C			6. AGE (IN YEARS LA	ST BIRTHDAY}	MONTHS	DATS	IF UNDER	
Female		White		Febr		16, 1908	79	YRS		DATS	HOURS	MIN.
70 BIRTHPLACE (STATE COUNTRY) Pennsylvar	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE WIDOWE		ER MARRIED DIVORCED	9 BALTIMORE CI Baltin	TYOR COUN				MC
Edgemere		11. NAME OF	HOSPITAL, NURSIN THE FACILITY, GIVE STREET A Lincoln A	IG HOME (12a USUAL OCCU	AOST OF WORKING		DUSTRY	Hom	ESS OR
130. STATE Maryland	13b COUN		GIVE RESIDENCE BEFORE 13t. CITY OR TOW Edgeme	N	13d INSID	E CITY LIMITS?	13e STREET ADDR 2206 L	ess / zip co in col n	DE Ave.	21	219	
William		MIDDLE	Bankert	87		ER'S MAIDEN NA/ FIRST ary	ME	DIE	R	igli	ng	
160 WAS DECEASED EV			166 SOCIAL SECU	RITY NO.	17 INFOR	MANT	Α	DDRESS	-/5		1	
(YES, NO OR UNKNOWN)	(IF YES GIV	E WAR OR DATES)	216-36-5	412	Gal	e Lengra	nd 2519 1	Lodge F	ores	t	212	19
18 CAUSE OF DE PART I. DE ATE	H WAS CAUSE		line for (a), (b), any		aue	s /					MATE INTE	
		(b)_	R AS A CONSEQUE	uy a	refley	disease	s/p 1.	T X		9		

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART THE

190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [YES [

21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF IN. 210. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY AT HOME STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE

220.1 certify that (I) (this haspital) attended the deceased from sow the deceased alive on abave, (I) (we) (did) (did not) view the body ofter death. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED DEGREE 226 SIGNATURE

MEDICAL STAFF ATTENDING DIRECTOR PHYSICIAL 22e ADDRESS 22d PHYSICIAN'S NAME

23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 236 DATE CITY OR TOWN (SPECIFY)

8-22-87 Burial Mt. Olivet New Cumberland

York

DHMH - 16 60M 7/84

CERTIFICATION

MEDICAL

24 FUNERAL DIRECTOR Duda-Ruck Funeral Home of Dundalk 7922 Wise Ave. Dundalk, MD

(VRA 15, 4)

BP

O FUNERAL DIRECTOR

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Harrie			

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1	2	2	J	0	0
	REG. NO.				

						LAST		_	ATH MON				OUR
	OR PRINTI	FIRST	-	MIDDLE				20 DATE OF DE		ITH DA	AY YEAR	26. H	1
(TYPE	OR PRINT)	Richar	rd		P	ROSE .	Sr.	August	13	1987		7	. 15
3. SEX	x		RACE			ATE OF BIRTH	10-2	& AGE (IN YEARS			FUNDER I YE		DER 24 HRS
Ma1	.e	STATE OF	White			MONTH D.		74		YRS.	ONIHS DA	TS HOUR	MIN.
	RTHPLACE (STATE OR	FOREIGN 76	CITIZEN OF	WHAT COU	NTRY? 8			9. BALTIMORE	CITY OR CO		OF DEATH		
	nnsylvani		U.S.A	_	WID	DOWED 🗍	PER MARRIED DIVORCED		more	Coun		- 0	N
1	TY OR TOWN OF DE	ATH 11	(IF NOT IN SUC	HEACHITY, GIVE	E STREET ADDRES		Center	120 USUAL OCC (TYPE OF WORK FOR Self et	MOST OF WO		INDUST	of Busi RY ice	
13a. S	AL RESIDENCE (B NUR STATE Lryland	13b COUNTY Harfo		13c CITY OF		13d. INSI YES _	DE CITY LIMITS?	13e STREET ADD 822 Ch					
	THER'S NAME	S.		Ro	ose	- P	HER'S MAIDEN NA		IDDLE	Go	ochen	LAST aur	
	VAS DECEASED EVER			166. SOCIA	L SECURITY I	NO. 17 INFO	RMANT	TE STA	ADDRESS				
No	YES, NO OR UNKNOWN)	(IF YES, GIVE W	VAR OR DATES	196-10	0-1565	Ann	a (Betty) Rose	same	e as	13e		
	Conditions, if ony gove rise to im couse (a), stati	mediate ng the	DUE TO, O	Metas R AS A CON R AS A CON									
ICATION	gove rise to im	r, which mediate ng the e lost.	DUE TO, O (b) DUE TO, O (c) NDITIONS CO	R AS A CON	ISEOUENCE	OF		MINAL DISEASE O	(? 201	b. IF YES,	WERE FIN	DINGSU	
RTIFICATION	gove rise to im couse ID, stati underlying cous PART 2 OTHER SIG	r, which mediate ng the lost. NIFICANT COI	DUE TO, O (b) DUE TO, O (c) NDITIONS C	R AS A CON R AS A CON ONTRIBUTIN ITION FOR V	ISEOUENCE	OF H BUT NOT REL.	ERFORMED	200 AUTOPS	201 IN	b. IF YES, I CERTIFY YES	WERE FIN	DINGS U SES OF DE	ATH?
CAL CERTIFICATION	gove rise to im couse (a), stati underlying cous	r, which mediate ng the e lost. NIFICANT COI	DUE TO, O (b) DUE TO, O (c) NDITIONS CO 19b COND 21b TIME C HOUR A	R AS A CON R AS A CON ONTRIBUTIN ITION FOR V	ISEOUENCE IG TO DEATH	OF BUT NOT REL. RATION WAS PI	ERFORMED	20a AUTOPS	201 IN	b. IF YES, I CERTIFY YES	WERE FIN	DINGS U SES OF DE	ATH?
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MEDICAL	gove rise to im couse 10), stoti underlying cous PART 2 OTHER SIG 19a DATE OF OPERA 21a. ACCIDENT WAS UP OR CONTRIBUTING (18 EITHER NOTIFY MED WHITE NOTIFY MED 31 WORLD AT W. 22a. I certify that #1 sow the deceo obove, #1 (ye)	WHICH MEDICAL COLORS OF DEATH INTERCED WHITE COLORS OF DEATH WHITE COL	DUE TO, O (b) DUE TO, O (c) NDITIONS CO 19b COND 21b TIME C HOUR A P 21e PLACE (AT HOME, ST	R AS A CON R AS A CON ONTRIBUTION ITION FOR V OF INJURY M. MONT M. OF INJURY REET, FACTORY (ofter decir).	ISEQUENCE IG TO DEATH WHICH OPER TH DAY 1 OFFICE FARM E from AU 19 87	OF H BUT NOT REL. RATION WAS PI YEAR 19 211. LOC 1C 1 JOUR T. J.	ERFORMED W INJURY OCCUP ATION (ATION (ATION ATTENDING PHYSICIAN DRESS 9000 Fy OR CREMATORY	200 AUTOPS: YES NOTE: NO	7? 200 IN OF BUJURY IN ITY OR TOWN UST 1 STAFF PHYSICIAN	b. IF YES, I CERTIFY YES ITEM 18 PA	WERE FIN ING CAUSE COUNTY 9 87 ond from 22 (D)	DINGS U SES OF DE NO 21 , that the couses ATE SIGNI	STATE STATE (we) lostated

DHMH - 16 50M 4/83 (VRA 15, 4)

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DHMH - 16 60M 7/84 (VRA 15, 4)

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS CEPTIFICATE OF DEATH

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6000	G-m	0	9	

	REGISTRAR						REG. N				
LIVE	E OR PRINT	FIRST		AIDDLE		AST		MONTH	DAY YEAR	2b HC	OUR
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3. SE		-	4. RACE	- 93	5. DATE O		6 AGE (IN YEARS LAST BIR	THDAY	IF UNDER I YEAR	IF UND	211 6 4 1
	Female		u	hite	MONTH	C/ 1893	93	YRS.	MONTHS DAYS	HOURS	M
	RTHPLACE (STATE OR	FOREIGN	76. CITIZEN OF	WHAT COUNTR	RY? 8		9. BALTIMORE CITY C		Y OF DEATH		
, '	MO	-	115	TA	WIDOWF	D NEVER MARRIED DIVORCED	Baltimor	e Cou	ntv		
10. CI	ITY OR TOWN OF DE	ATH				R OTHER INSTITUTION	12a USUAL OCCUPAT	ION	12b. KIND C	F BUSIN	-
	Towson	O DE		Joseph	Hospi	tal	Housewife	DE WORKING LI	FE) INDUSTRY		
USU/	AL RESIDENCE IN NUR	SING HOME OR	OTHER INSTITUTION,		FORE ADMISSION)		4	/ 7:0 COD	-		
130	Md.	Balt		Parky		13d. INSIDE CITY LIMITS?	9223 Orb		_	234	
IL FA	ATHER'S NAME					15 MOTHER'S MAIDEN NA	ME	I call	tonu 21	4)4	_
1	John	^	AIDDLE K	leiderl	ein	Sophia	WIDDLE	Rosei	nberger	T	
	WAS DECEASED EVER			166 SOCIAL SE	CURITY NO.	17 INFORMANT	⊌ ADDRI		inci gei		
(YES, NO OR UNKNOWN)	J F YES, GIVE	WAR OR DATES)	214-03-	-0889D	Mr. Fred Ros	senberger 2	800 S	econd A	ve.	21
	18 CAUSE OF DEAT	H (Enter pol	v one couse per	line for (a) (b)	and (c)	200	/		APPROX BETWEEN		ERVA
	PART I. DEATH W	VAS CAUSEE	BY:	GFAM	129 17	ancic =	LOCK -		BETWEEN	ONSET AN	ID DE
				01 1170							
		MMEDIATI									
	o tur u			AS A CONSEC	. /	1 -1 -1	CACOKINA	e. die	inie		
	Conditions, if any	, which		100	PELOXE,	phritis - d	SALL BIMAN	erdis	ENIE		
		, which mediate ng the	DUE TO, OR	100	1eloxo	phritis - k	S ALL BINAD	erdis	en e		
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Z	gave rise to im-	, which mediate ng the e lost.	DUE TO, OR (b) DUE TO, OR Ic) ONDITIONS CO	R AS A CONSEC	QUENCE OF		IN REST OF CON	D .		1	
TION	gove rise to improve (a) statistical course (b), statistical underlying couse (b) PART 2. OTHER SIGN	which mediate and the lost.	DUE TO, OR (b) DUE TO, OR Ic) ONDITIONS CO	R AS A CONSECUTION OF THE PROPERTY OF THE PROP	QUENCE OF ODEATH BUT FECTION	occlos, F	INAL DISEASE OR CON TSCUD, A	DITION GIVE	VEN IN PART II	des	
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

40	101	REGISTRAR			EKTIFICATI	OF DEATH	REG. N	10.		
		CEASED NAME FIR	Mary B. F	ROSS	LAST			MONTH DAY	YEAR 2	HOUR 30
	3. SE)	F	4. RACE	5.	DATE OF BIRTI	DAY YEAR	6 AGE (IN YEARS LAST BI	YRS.	THS DAYS	F UNDER 24 HRS.
5	₹n. Bli	RTHPLACE (STATE OR FOREIG	76. CITIZEN OF W		MARRIED A	DIVORCED	Baltimore City of Baltimore		DEATH	MD
1		altimore	11. NAME OF H	OSPITAL, NURSING I FACILITY, GIVE STREET ADD ACOST NURS	HOME OR OTH RESS) Ing Hom	e e	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST) HOMEMAKE		126 KIND OF I	BUSINESS OR
5	13a. S	Md.		GIVE RESIDENCE BEFORE AD/ 13c. CITY OR TOWN TOWSON	13d IN YES		13e.SIREET ADDRESS 7512 Far	/ZIP CODE Hills	Dr. 2]	L204
力	14 FA	ATHER'S NAME FIRST	WIDDIE	nite LAST	15. MC	OTHER'S MAIDEN NA	WE		LAST	
1		VAS DECEASED EVER IN U YES, NO OR UNKNOWN) (#	S. ARMED FORCES? YES, GIVE WAR OR DATES)	166 SOCIAL SECURIT 214 48 14		• Charles	P. Ross, I		E. Jop	-04 opa Rd.
7	CERTIFICATION	Conditions, if any, whi gave rise to immedia cause (a), stating to underlying cause to PART 2. OTHER SIGNIFIC 19a DATE OF OPERATION	ate (b) the DUE TO, OR (c) ANT CONDITIONS CO	AS A CONSEQUENCE AS A CONSEQUENCE NTRIBUTING TO DEA ION FOR WHICH OP	CE OF		20a AUTOPSY?	20b. IF YES, W	ERE FINDING	F DEATH?
7	MEDICAL CERT		OF DEATH AMINER) P.N 21e PLACE O (AT HOME STRE	MONTH DAY IF INJURY E1, FACTORY, OFFICE, FARM deceased from 2 405 19 8	YEAR 19 211 Li ETC.) and that	OCATION STREET 19 8 4	YES NO RED (ENTER NATURE OF INJURE O	Derett 19.	COUNTY , the	
I		22d PHYSICIAN'S NAME Charles F	. O'Donnell	, MD		ATTENDING	MERCION PHYSI		2120	1/87
	(BURIAL, CREMATION, REM (SPECIFY) Burial	0VAL 23b. DATE 8/24		dens of		23d LOCATION CITY OF TOWN Baltim	ore. Md	OUNTY	STATE
		UNERAL DIRECTOR STANS STANS	EFELD HOME	, INC.	5500 Yo	0.004	3 26 1987	Who REGISTRAI	e's signatur	

DHMH - 16 60M 7/B4 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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noy be poge 3		CEASED NAME OR PRINT)	FIRST HA		WELLI		NIHL UIJC	SR.	20 DATE OF DEATH	A 2	9 87	Z YEP M
moy fer do	3. SE			PRACE C	White	5. DATE C	F BIRTH	1896	6 AGE (IN YEARS LAST	BIRTHDAY) YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS
The Popular		RTHPLACE (STATE OR F COUNTRY) aryland	OREIGN		WHAT COUNTRY?	8.	NEVER A		9 BALTIMORE CITY			440
54/2	10 €	TY OR TOWN OF DEA	ATH	11. NAME OF H	HOSPITAL, NURSII H FACILITY, GIVE STREET Joseph Ho	NG HOME C	R OTHER INST	1	120 USUAL OCCUPA (TYPE OF WORK FOR MOS Printer	TION	126 KIND O	per MD
filled in Sould have	13a S	al residence if hurs state aryland	136 COUN		GIVE RESIDENCE BEFOR 130. CITY OR TOV Baltimo	/N	13d. INSIDE C	ио 💢	13e STREET ADDRESS 630 Dun	s/zipcode kirk Ro	oad 212	12
1 RETO	14. FA	Henry	A	MIDDLE	Ruhl			S MAIDEN NA/ FIRST Na	MIDOLE		B1	ume
n ond sa	160 V	VAS DECEASED EVER (ES, NO OR UNKNOWN) Yes	IN U.S. ARA	MED FORCES? E WAR OR DATES)	213-03-5		17 INFORMA		630 Dunkir	k Road		IMATE INTERVAL ONSET AND DEATH
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SICIAN ng phys certifico priol-tro centol Hy tem 18	MEDICAL CE	210 ACCIDENT WAS UNI	CAUSE OF DEA	HOUR A.	M. MONTH D M.	AY YEAR	211 LOCATIO		RED (ENTER NATURE OF IN	IJURY IN ITEM TS P	ART OR PART 2)	
DING PHY or oftending After this e os the bu	MEC	21d INJURY OCCUR	THE	21e PLACE (DE INJURY LEET FACTORY, OFFICE,	FARM ETC	STREET		CITY OR	TOWN	COUNTY	STATE
TTEN portol TOR. for us of He		sow the deceos obove, (1) (we) (ed alive on.	8/2	9 19		nd that in (my)	our) opinion	death occurred on the	date and hou		that (It (we) lost couses stated
TAL OR A y the hos RAL DIREC detoched detoched TI If them		226. SIGNATURE	Je Je	Dus					MEDICAL ST DIRECTOR PHY	AFF SICIAN D	221. DATE	SIGNED
TO HOSPITAL (TO FUNERAL E should be deto with the Stote E IMPORTANT: If		22d PHYS	7	KME	T20		22e ADDRES	500	SEPIL IN	SPITM		
BP		BURIAL, CREMATION, SPECKY) Burial	REMOVAL	23b. DATE 9-1-8			Valley	7	23d LOCATION CITY OF TOWN Luthervil	le Bal	timore	STATE Maryland
DHMH - 16 60M 7/84 (VRA 15, 4)		uneral director tchell-Wie	defel	d Home	6500 Yor	k Road	21212		P 3 1987	AR 256 REGIST	RAR'S SIGNAT	TURE

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STATE OF MARYLAND

DEPARTA	NENT OF HEALTH AND MENTAL HYP CERTIFICATE OF DEATH	GIENES /	22.	5 I U
MIDDLE	IAST /	20 DATE OF DEATH		YEAR 26 HOUR
V	1454	08	048	7 12:25 PM
ACE W	5. DATE OF BIRTH MONTH DAY YEAR 2-9	6. AGE TIN YEARS LAST BIR	THDAY) IF UNDER MONTHS YRS	DAYS HOURS MIN
CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY O		
(IF NOT IN SUCH FACILITY, GIVE STREET	G HOME OR OTHER INSTITUTION ADDRESS) SPITAL	120. USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR WORK	F WORKING LIFE) INDL	KINDOF BUSINESS OR USTRY
RINSTITUTION GIVE RESIDENCE BEFORE VAR BALTO		130 STREET ADDRESS A	ZIP CODE	21132 A.BLUD
MEYE	15. MOTHER'S MAIDEN NA CATHER	INE MIDDLE		CLLINS
FORCES? 166 SOCIAL SECU		USH B.	ALTO. N	BALTO ANN
ne cause per line for to), (b), and			BE	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
DUE TO, OR AS A CONSEQUE	NCE OF			
DUE TO, OR AS A CONSEQUE	NCE OF			
DITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TERA	MINAL DISEASE OR CON	DITION GIVEN IN P.	ART Ira
196, CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE IN CERTIFYING CA	FINDINGS USED AUSES OF DEATH?
216. TIME OF INJURY	21c HOW INJURY OCCUP	RED (ENTER NATURE OF INJUI		

CAUSE OF DEATH (Enter only one cause per line for to), (b), and ic). PART I. DEATH WAS CAUSED BY: CARDIURESPIRMUR DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CERTIFICATION

HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from

saw the deceased alive on above, (1) (we) (did) (did not) view the body after death

21c HOW INJUR 21f LOCATION

_, that (I) (we) last , and that in (my) (aur) apinian death occurred on the date and hour and from the causes stated DEGREE

CITY OR TOWN

22d PHYSICIAN'S NAME (TYPE OF PRINT)

ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

22c DATE SIGNED

KEDMANN

STREET

230 BURIAL, CREMATION, REMOVAL

19a DATE OF OPERATION

21a. ACCIDENT WAS UNDERLYING

FOR

BREGISTRAR

DECEASED NAME

To BIRTHPLACE (STATE OF FOREIGN

ZIMURE

16a WAS DECEASED EVER IN U.S. ARMED FORCES?

(TYPE OR PRINT)

3. SEX

13a. STATE

A FATHER'S NAME

FIRST

4. RACE

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS

MIDDLE

(IF YES, GIVE WAR OR DATES)

serzrude

76 CITIZEN OF WHAT COUNTRY?

236 DATE

19

23d LOCATION CITY OR TOWN

DHMH - 16 60M 7/B4 (VRA 15, 4)

REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

COUNTY

STATE

	١.	FOR STATE	DEPARTM	STATE OF MARTEAND	YGIENE 8 7 2	2311
62273 A	1.0	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
by be oge 3 deoth	(TYPE	EASONAME FIRST OR PRINT) MARIAH	A,	RUSSELL	20. DATE OF DEATH MONTH	9 87 4 45 AM
ge 4 mo)	SE	FEMALE "	BLACK	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS
nerol din		RTHPLACE ISTATE OR FOREIGN 7	LSA	MARRIED NEVER MARRIED WIDOWED DIVORCED	4 Da I tamping Count	
offer de	10 CI	Inim's on Ma	1. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET) SPRING GROVE	G HOME OF OTHER INSTITUTION	120. USUAL OCCUPATION	LIFE INDUSTRY
24 hours	USU.	AL RESIDENCE (IF NURSING HOME OR CESTATE 136 COUNT	THER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION)		DE 21200
d within	17		T, RUSSELL	15. MOTHER'S MAIDEN N		Boston
e execute Poge	160 V	VAS DECEASED EVER IN U.S. ARM	WAR OR DATES) 218-68-0		an 1016 Wildwood	
physicion popers. movol.		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	(/ ` . A	1 1011	anvest.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
the death cer by the attending ise remove corbo cremation, or re other troumatic		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE	VD.	to anems	2
requires the signed Then plea prints burial injury, or	NOI	PART 2 OTHER SIGNIFICANT CO	107	SEATH BUT NOT RELATED TO THE TER	rminal disease or condition G	
The low rection. te has been sit permit. Grene prior shows any in	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	YES NO	ES, WERE FINDINGS USED LIFYING CAUSES OF DEATH? YES NO
SICIAN: I g physici certificate riol-tronsil entol Hygi		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DA	Y YEAR 19	JRRED (ENTER NATURE OF INJURY IN ITEM 18	S PART) OR PART 2)
otherdin iter this is the build Me h and Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FI	ARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTENDIN pitol or TTOR. Af for use of Health			view the body after death	and that in (my) (our) opinio	on death occurred on the date and hi	that (h (we) lost our and from the causes stated
the hos AL DIREC Toched To Dept I: If Item		226 SIGNATURE	Dwado s	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	22c DATE SIGNED
HOSPIT barned by audit be a drifte Steam		22d. PHYSICIAN'S NAME (TYPE OR H & DEU OU	doss	22e. ADDRESS GH	+ C - Cafon	sulle.
9 € 2 € 1 ≦ BP		Burial, CREMATION, REMOVAL		Stephens AME Chu		altimore.Md.
DHMH - 16 60M 7/84 (VRA 15, 4)		UNERAL DIRECTOR 1. C. Brown 1206	5-08 W. North Av	re. 21217	ATE REC'D. BY REGISTRAR 256 REGI	STRAR & ENCHARGO CO.

1206-08 W. North Ave. 21217

STATE OF MARYLAND

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-	REG. NO.					PEG.

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2130 A		NEOISTRAK			CERTIF	ICATE OF DEATH	REG. NO		-	6.
deo 3	TYPE	OR PRINT) William	ϵ	MIDDLE	Russ	£11	S.//. 8	AONTH DAY	YEAR	26 HOUR 405
ctor. po	3. SE)	MALE	4. RAGE AU		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRT)	(DAY) IF U	INDER I YEAR	IF UNDER 24 HRS. HOURS MIN.
139		RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	MARRIEI WIDOWE	DI DIVORCED	9 BALTIMORE CITY OF	COUNTY OF	DEATH	/ MD.
Dit &	11	CKEYSVILLE, MD	11. NAME OF	HOSPITAL, NURSIN	G HOME C	PROTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	WORKING LIFE)	INDUSTRY	FBUSINESS OR
filled in	13a. S	TATE 136. COURTS Balt:		13c. CITY OR TOW		138 INSIDE CITY LIMITS? YES NO 🔀	13eSTREET ADDRESS / 13801 York	ZIP CODE Rd. B	alto.,	Md. 210
mpletely and 2 sh	FA FA	THER'S NAME FIRST JOB	MIDDLE	RUSSEL		15. MOTHER'S MAIDEN NA			Smit	
Page medic	(1	VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) (IF YES, GN	MED FORCES?	2/2 05	6667	17. INFORMANT Alice M. R	ADDRES ussell 13801		Rd. 2	21030
physici npaper naval.		18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA	nly one couse per D BY: IE CAUSE (o)	The for (a), (b), one	nt	Ventricul	av Arry	mma		MATE INTERVAL DNSET AND DEATH
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Then prrt to bury, injury,	NOI	PART 2. OTHER SIGNIFICANT	CT DE	menho	EATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR COND	ITION GIVEN	IN PART 110) '
te hos beer nsit permit.	CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, W IN CERTIFY IN YES		
tending physicion this certificate hithe burial-transit part Mental Hygieled or Item 18 shape		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	HOUR A.		Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART	ORPART 2)	
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he hos DIREC toched to Dept.	,	17h SHENKTURE	in	m		DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF	MANA	274 DATE S	SIGNED 1-87
FUNE FUNE old be h the Si		22d PHYSICIAN'S NAME (TYPE OF Susan Levy, M	- 110	8–6900)		22e ADDRESS Broad	dmead Rd. Cockeys	1	Md.	
P	23a. B	urial, cremation, removal SPECIFY)Burial				emetery or crematory of Faith	23d LOCATION CITY OR LOWN			and STATE
AH - 16 60M 7/84 (VRA 15, 4)	24 FL	INERAL DIRECTOR NAME SSAHN FUNCTS	1 Hom			41K Rd. 250. DAT 1 D. 21236 Al	IG 13 1087	Sh REGISTRA	COLUMN TO	Rendall

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	00
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be elouned by the haspital or attending physician.	rth. Poge 4 moy be
TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the busial-transit permit. Then please remove carbon papers. Pages of Majily and Manal Husiana print to hunch cremoting as removal.	
MAPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other troumotic event, the medical examines mysthe confided at	3 A
2301	UG
10 CI	DEC (TYPE
TY OR TO OR	FOR STATE REGISTERS OR PRINT

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1987

ı	- STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO		
	. DECEASED NAME FIRST	MIDDLE	L	AST	20 DATE OF DEATH	MONTH DAY YEAR	2h HOUR
		RGE W.	RUTI	HS	August 5,	1987	8:30 M
3	. SEX	4. RACE	5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER I YEA	
L	Male	White	Sept		85	YRS	S HOURS MIN,
7	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	ITRY? 8	D NEVER MARRIED	9 BALTIMORE CITY O		1 1
	MD	USA	WIDOWE		Baltimor	e County	MD.
1	0 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NI	URSING HOME (OR OTHER INSTITUTION	120 USUAL OCCUPATION		OF BUSINESS OR
1	Baltimore Co			oad	Banker-	1st Nat.	Bank
				13d. INSIDE CITY LIMITS? YES NO 😿	13e.STREET ADDRESS /		21234
At	4 FATHER'S NAME	MIDDLE LAS	ıt	15 MOTHER'S MAIDEN NA	ME		LAST
F	rederick	Ruth	S	Julia		chroeder	
1	(YES, NO OR UNKNOWN) (IF YES	ARMED FORCES? 166 SOCIAL	SECURITY NO.	17 INFORMANT	ADDRE	SS	
1	No	b	4 1965	Dorothy S	. Ruths,	Same	
	Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c) T CONDITIONS CONTRIBUTING	SEOUENCE OF	NOT RELATED TO THE TERM	AINAL DISEASE OR CONI	DITION GIVEN IN PART	
1	DATE OF OPERATION	198 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED		IN CERTIFYING CAUS	ES OF DEATH?
	OR CONTRIBUTING CAUSE OF I	DEATH HOUR A.M. MONTH	19	211 LOCATION STREET	YES NOTER NATURE OF INJUR		NO STATE
	22a I certify that (1) this ho	not) view the bady alter death.	19 87.0	nd that in ((our) opinion DEGREE ATTENDING PHYSICIAN [deoth occurred on the do	F _ 221. DA	that II (we) lost the couses stated
		E. Stoner, M	ID.		owwo Dw	Dolla N	
1	23. BURIAL, CREMATION, REMOV. (SPECIFY) Burial 24 FUNERAL DIRECTOR H. W.	8/8/87	23¢ NAME OF C	emetery or crematory	erre Dr., 23d LOCATION CITY OR TOWN Violetv TE REC'D BY REGISTRAR	ille, county	STATE MD

DHMH - 16 60M 7/84 (VRA 15, 4)

H.W. Jenkins, 21212

njury, or other troumotic event,

MPORTANT: If them 21 is morked or them 18 shows only

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE/

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A	FOR 1 - STATE 2 2 G 8 PAR	DEPAR	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE/ 2 2	3 1 4
li	I. DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
	(TYPE OR PRINT) SALLY	n -	AMPSON	8 -	23 87 900 4
F	3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	F	W	MONTH DAY YEAR	XX X 67 YRS	
1	To. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
	Pennsylvania	USA	WIDOWED DIVORCED		O . MD.
f	O. CITY OR TOWN OF DEATH		ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSINESS OR
	altimore	SinaiHospita	1	Caf. Worker	School
1	SUAL RESIDENCE (IF NURSING HOME (18) COL			13e STREET ADDRESS / ZIP COD	E
4	Md. Car	roll Hampst			St. 21074
t	ATTATHER'S NAME		15. MOTHER'S MAIDEN N	AME	
Æ	FIRST	MIDDLE LAST	FIRST	WIDDLE	M = 1-
¥	John 160 WAS DECEASED EVER IN U.S. A	Brisc ARMED FORCES? 166 SOCIAL SEC		ADDRESS	Mika
1		GIVE WAR OR DATES)			
t	no	201=01	=9222 Mr. Keith	Sampson, Hamp	stead, Md.
F	18 CAUSE OF DEATH (Enter	only one couse per line for (a), (b), (SED BY.	and (chi		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ı		ATE CAUSE (a) RASNIR	ATOMY ARMEST		
ı	IMMEDIA				
ı	C 110 11 111	DUE TO, OR AS A CONSEO		Syndrous	
ı	Conditions, if any, which gave rise to immediate	(b) 34/34/10	un Vera Carh	2 YNCOSOME	
ı	couse (a), stating the	DUE TO, OR AS A CONSEQ	UENCE OF	0.	
ı	underlying cause lost.	10 Meras	THTIC ISSEAST	CA	
ı		CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GE	VEN IN PART Tra
4	To Accident was underlying	Tab CONDITION FOR WALL	H OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED
ı	DATE OF OPERATION	196 CONDITION FOR WHIC	TH OPERATION WAS PERFORMED	IN CERTI	IFYING CAUSES OF DEATH?
1					ES NO
			DAY YEAR 216 HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
I	(IF EITHER NOTIFY MEDICAL EXAMIN	KAIN	19		
1	(IF EITHER, NOTIFY MEDICAL EXAMIN	21e. PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
ı	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC }	Carlo Monto	
1		pital) attended the deceased from	13 3	7.10 8/23	19 7, that (I) (we) last
1	saw the deceased glive a	on 23 19.	and that i (my) (our) apinion	n death occurred an the date and ho	ur and from the causes stated
1	226 STONATURE	_ 00	DEGREE		22¢ DATE SIGNED
ı	Carte 2	XX Coll -	M ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	8/23/87
1	224 PHYSICIAN'S NAME CLYPE	OR PRINT)	22e ADDRESS	- Director - Attacket	10(2)(1)
1	ANTILL	1. Sweper	M.D SIMAL	11	
ŧ	220 BUBBA CREMATION STROWN		, 31.021	HOSPITAL 173d LOCATION	
	230. BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY	CITY OR TOWN	COUNTY STATE
1	Burial	8-26-87 H	ampstead Cem.	Hampstead C	arroll Md.
			T		
I	Funeral director Eline Funera	1 Home, Hamps	` A 1	ATE REC'D. BY REGISTRAR 256 REGIS	TRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND A

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGENE

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0004	1-	FOR STATE REGISTRAR			OF HEALTH AND MEN TIFICATE OF DEA		NE / 2	2 (3 1	3
062411 AUG	H	D NAME FIRST	MIDDLE		LAST			MONTH D	AY YEAR	26 HOUR
ad opposite the control of the contr	1 550	Virgi	nia H.		NK TE OF BIRTH	4	August 5.	1987	F UNDER I YEAR	7:50PM
100 at a		Female	White			o'ô'ô	86		ONTHS DAYS	HOURS MIN.
	(Maryland	LISA LISA	WIDO	RRIED NEVER MAR DWED * DIVOR ME OR OTHER INSTITU	RCED	Baltimore CITY O	Count	y	MD.
1 28.5	1	Rossville	Franklin	Square He	ospital		Housewife		INDUSTRY	7 00011 1200 011
No see all	15U/ 130. S	AL RESIDENCE (IF NURSING HOME OR OF COUNTY ATE 136 COUNTY Bal	THER INSTITUTION GIVE RES	TY OR TOWN Balto.	13d INSIDE CITY I		35190 Doni		2122	Δ
3 128	FA	THER'S NAME FIRST Frederick	iibbie Kan	LAST	15. MOTHER'S MA FRS1	T			(AS	
		VAS DECEASED EVER IN U.S. ARA	NED FORCES? 166 SO	OCIAL SECURITY N		2	ADDRE	SS	Test Vic	
IMO	{,	res, no or unknown) (if yes, give	WAR OR DATES)		Warren S	Sank 3	519 O'Donne	ellSt.	21224	
ON ST., BAL		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	CAUSE (a) Me	tabolic a	nd Respira	tory A	cidosis		BETWEEN	MATE INTERVAL ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMO ING PHYSICIAN. The low requires that the deant certificate be extra rattending physician. Where this certificate has been signed by the Attending physician on as the burial-transit permit. Then please remove carbanopapers, Paginth and Mental Hygiene prior to burial, gremotidy, arremovals, corked or them 18 shows any injury, or other traumatic event, it is the control of the control		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last. PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A	CONSEQUENCE CONSEQ)F	THE TERMIN	JAI DISEASE OR CON	DITION GIVE	N IN PART 1:	0
or to by	TION									
hos bee permit.	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION	FOR WHICH OPERA	ITION WAS PERFORME	ED	200 AUTOPSY?		WERE FINDIN	
ION OF VITA HYSICIAN: Th dung physicic ns certificole ns certificole Mental-tronsit Mental-tronsit or frem 18 sho		21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING (IF EITHER NOTIFY MEDICAL EXAMINER)	216. TIME OF INJU HOUR A.M. M	NONTH DAY YE	AR 21c HOW INJUR	RY OCCURRE	D (ENTER NATURE OF INJUS	RY IN ITEM 18 PAI	RT I OR PART 2)	
DIVISION Or attendir After this e e as the bur of the ond Mr. morked or I	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJ (AT HOME, STREET, FAC	URY TORY, OFFICE, FARM, ETC	211 LOCATION STREET		CITY OR TO	wN	COUNTY	STATE
ATENDIA pital or TTOR: Af for use a af Health		22a I certify that (I) (this hospites saw the deceased alive on Above, (I) (we) (did) did not	August 5,	19 87	ust 5, , , , ond that in (my) (ou	r) opmion de	, to Augu oth occurred on the do	,	9_87	that (I) (we) los
AL OR A the hos AL DIREC detached detached ate Dept		Michael (a Jul	2		NDING SICIAN	MEDICAL STAF	FIAN	22c. DATE	SIGNED
FO HOSPIT erained by TO FUNER should be o with the Ste		Michael A.	Fulsp		9 000	Fr	onklin	Sa 1	true	
BP	23a E	BURIAL, CREMATION, REMOVAL SPECIFY) Burial	8/8/87		of CEMETERY OR CREA wridgeCemet		23d. LOCATION CITY OR TOWN	Balti	more M	aryländ

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR
Connelly Funeral Home 300MaceAve. 21221

AUG 7

1987 REGISTRAR'S SIGNATURE

14 Standon 11 188 T BUA

injury, or other troumotic event, th

IMPORTANT: If them 21 is morked or Item 18 shows any

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	FOR			250 1 250		OF MARYLAND	1 2	2 3 1	8	
1-	STATE			DEPARIM		EALTH AND MENTAL I¥¥G ICATE OF DEATH		9-1-1	1	
-	REGISTRAR			MIDDLE		AST	REG. NO		YEAR 71	
	BERINT) AD	ALY	V	MIDDLE S	SCH	AEFFER	26 DATE OF DEATH		37	10a/M
3. SE)	(NACE .	White	5 DATE C		6 AGE (IN YEARS LAST BIRT	THDAY) IF UNDER		HOURS MIN
7a. BI	RTHPLACE (STATE OR F	ORE:GN 7b	CITIZEN OF	WHAT COUNTRY?	8		9 BALTIMORE CITY O		TH	
	Alabo	uma		S.A.	WIDOWE	DIVORCED [BAUTIM	DRE CI	2017.	TY MD.
10. CI	TOWSO!		LIF NOT IN SUI	CHEACHITY, GIVE STREET	DDRESS)	40SPITAL	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Homemak	F WORKING LIFET INDU	JSTRY	BUSIÑESS OR
130 5	AL RESIDENCE (IF NURS	ING HOME OF OTH	ER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	7 IP CODE		
	aryland	Baltin	nore	Parkvil		YES NO		Harford R	d.	21234
_	THER'S NAME					15 MOTHER'S MAIDEN NA	ME			
	Thomas	R		Guthri	0	Martha	MIDDLE J.		Zube	20
lán V	VAS DECEASED EVER			16b SOCIAL SECUI		17 INFORMANT	ADDRE			Ţ.
	YES, NO OR UNKNOWN)	(IF YES, GIVE W					Yahaa 60 4			A
-	No	<u> </u>		219-16-76		Clement F. S	chaeffer (929 Shank		AVE . ATE INTERVAL ISET AND DEATH
	18 CAUSE OF DEATH PART I DEATH W	H (Enter only o	ne cause pe Y	r line for to 1, (b), one	200	Vacan A	PTHRI	MBOSIS	WEEN ON	SET AND DEATH
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			DUE TO, C	R AS A CONSEQUE	NCEOF	and STro	ha			
	Conditions, if ony,		(b)		U	2110	· ·			
	gave rise to imm couse (a), statin	ig the	DUE TO, C	R AS A CONSEQUE	NCE OF					
	underlying cause	last.	(c)_							
	PART 2 OTHER SIGN	VIFICANT CON	IDITIONS C	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN IN P.	ART Ira	
CERTIFICATION	1 Ac	ule	Up	per c	51	bleedu	P			
X	190 DATE OF OPERA	TION	196 COND	OITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE IN CERTIFYING CA	FINDING	S USED
Ĕ							YES T NOT	YES T		NO T
	710. ACCIDENT WAS UNE	DERLYING	216. TIME C			21c HOW INJURY OCCUR			ART 2)	
	OR CONTRIBUTING			.M. MONTH DA						
MEDICAL	216 INJURY OCCUR		2	OF INJURY	19	211 LOCATION			_	
ME	WHILE NOT WHAT WORK		(AT HOME ST	TREET, FACTORY, OFFICE, FA	ARM, ETC)	STREET	CITY OR TO	wn COU	NIY	STATE
	22a.1 certify that (1)		attended t	he deceased fram_	R.	-23 19 8	7. to -	17 19 8	2 th	ot (I) (we) last
	saw the decease	ed alive on	B-0	23 19,6	37 . 01	nd that in (my) (our) opinion	death accurred on the de	ate and hour and fre	om the ca	iuses stated
	abave, (1) (we) (c	aia) (aia nati v	The body	y after death.	/	DEGREE		224	DATE SH	IGNED
	141	460	lula	den		ATTENDING PHYSICIAN	MEDICAL STAI	IAN D	8-2	387
1	224 PHYSICIAN'S N	AME LIYPE OR PR				77e ADDRESS		T	-	21204
	17 H.C	-H1.	-1/0	1.MD			ZER Dr	1 lowso	MI	1d'
23a	BURIAL, CREMATION,		736. DATE			EMETERY OR CREMATORY,	23d LOCATION CITY OR TOWN	COUNTY	٧	STATE
	Buria	3.1	Aug 2	6 1987	Parkv	wood Cemetery	Baltimo		[ary]	
	UNERAL DIRECTOR			ADDRESS			TE REC'D. BY REGISTRAR		en.	_
I	Leonard J.	Ruck,	Inc.	Baltimore	, Mai	ryland All ?	2 4 198/ July	a Suidwood	padal	~

DHMH - 16 60M 7/B4 (VRA 15, 4)

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Transmil I. Daviria Narton J. Taber He Pro-16-74-7 . September 19-3 Lands Ave.

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIEN
CERTIFICATE OF DEATH

064502 SEP-	b18	FOR STATE		DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG	iene 22.	3 17	7
001002 021		REGISTRAR				ICATE OF DEATH	REG, NO.	*	
é w€		CEASED NAME FIRST OR PRINT)		MIDDL€		AST	20. DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
oy be	3. SE	Helen	4 RACE	Ι.	Schi Is. Date of	nidt	Aug. 2	8,1987	6:56P M
offer. I	3. 36				MONTH	DAY YEAR		MONTHS DATS	HOURS MIN.
1 11 02	7a BI	female RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	LTE WHAT COUNTRY	June		9 BALTIMORE CITY OR COUNT	Y OF DEATH	
1,15	(Maryland	US	SA	MARRIE	D NEVER MARRIED DE DIVORCED	Baltimore		MD
6	10 CI	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURS	ING HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	12b. KIND O	F BUSINESS OR
E 100 3		Liderwood AL RESIDENCE (IF NURSING HOME O	1705	Roland A	lve.		Homemaker	_	
MARYLAND 21201 ed within 2 mplefely f ond 2 shy	13a. S M	aryland Balt	imore	136. CITY OR TOY	WN	YES NO K	13e STREET ADDRESS / ZIP COD 1705 Roland A		21204
		Thaddeus	WIDDIE	Shambe		15 MOTHER'S MAIDEN NAME ERST	WIDDIE	Gemr	mill
MORE,	160 V	AS DECEASED EVER IN U.S. A 15, NO ORUNKNOWN) (IF YES, G	RMED FORCES?	166 SOCIAL SEC		17 INFORMANT	ADDRESS		
BALTIMORE.				213-60-		Nancy L. Re	itz, 1708 Roland		
; ± 400 a		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA	nly one couse pe ED BY: (TE CAUSE (o)	Christia	nd (c).)	rest		BETWEEN C	MATE INTERVAL DNSET AND DEATH
S, 201 W. PRESTON ST ires that the death certi- gand by the attending F an please remove carbon burial, cremation, ar rem	7	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT	DUE TO, C	OR AS A CONSEQUENCE ON TRIBUTING TO	Jenger JENCE OF Green	terai	Medit degene	VEN IN PART 11c	1
DIVISION OF VITAL RECORDS, 201 NG PHYSICIAN: The low requires the other offer this certificate has been signed to stiff buriol-transit permit. Then plead the ond Mental Hygiene prior to buriol, orked or them 18 shows any injury, or or served or them 18 shows any injury, or or served or them 18 shows any injury, or or served or them 18 shows any injury, or or served or them 18 shows any injury, or or served or them 18 shows any injury, or or served or them 18 shows any injury, or or served or them 18 shows any injury, or or served or them 18 shows any injury, or or served or them 18 shows any injury.	CERTIFICATION	190 DATE OF OPERATION	19b. COND	DITION FOR WHIC	H OPERATIO	N WAS PERFORMED	IN CERTI	S, WERE FINDIN FYING CAUSES	IGS USED OF DEATH?
N OF VITA SICIAN: TI ng physicic certificate ringl-transit ental Hygie litem 18 sh		210. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DE			DAY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)	
VISION OF G PHYSICIA of the certification of the burielit cond Mentolit ked or item	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINED TO THE NOTIFY MEDICAL EXAMI	21e PLACE	M. OF INJURY REET FACTORY OFFICE	19	211. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
VITENDIN Spital or CTOR: Afr for use as of Health		220.1 certify that this hosp sow the deceased alive a above. (we) (did (did			, or	d that in (my) our) opinion o	to - 8 24.	19 8 7 , t or and from the c	that (I ast
by the hos by the hos ERAL DIREC e detoched Store Dept.		226 STGMATURE	Abu	n ~	p		MEDICAL STAFF DIRECTOR PHYSICIAN	8/2	9/27
TO HOSPITAL retorned by 1 TO FUNERAL with the Store		151044	RS-J	. 6 Nos		50 ScotlAd	Land 1, 4,01, Co	ckyl	9 HE 510%
BP		URIAL, CREMATION, REMOVA	23b. DATE 9/1/	07		EMETERY OR CREMATORY	Catonsville	aftimore	e Md.
		Cremation NERAL DIRECTOR					E REC'D. BY REGISTRAR 25b. REGIS		
DHMH - 16 60M 7/84 (VRA 15, 4)	1	Bryan-W. Clary	-, 10 W.	Padonia	Rd.		A	Tinder Ro	

EP 1 1887 (m. Johnson

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HOGIENE

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155 AUG	19	STATE					ICATE OF DEATH	REG. N	10.			
poge 3		OR PRINT)	ELV		lara	(SCHNEIDER	20 DATE OF DEATH	80	15	**87	12:30P
softer do	3 SE	Female		4 RACE Whit	· e	5. DATE O	DAY YEAR	6 AGE (IN YEARS LAST BE	RIHDAY)	MONTHS		IF UNDER 24 HRS
Cal V		RTHPLACE (STATE OR F COUNTRY) Germany	OREIGN	76 CITIZEN OF	WHAT COUN	TRY? 8	D NEVER MARRIED	BATTTMORE	OR COUNTY	Y OF DE	ATH	MD
100		TOWS ON	ТН	11. NAME OF	HOSPITAL, NU		OR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST Sales Pe	OF WORKING LI	FE) IND		BUSINESS OR
35	13a :	AL RESIDENCE (IF NURS STATE MD	136 COUN	ITY	GIVE RESIDENCE	TOWN	13d INSIDE CITY LIMITS? YES 1 NO 🔀	6401 Loc	/ ZIP CODE h Rav	en	Blv	d. 2123
23		Karl			einert		Clara	NAME MIDDLE ADDR		1012	Z LAST	
ne medica		VAS DECEASED EVER VES, NO OR UNKNOWN) NO 18 CAUSE OF DEAT	(# YES, GIV	E WAR OR DATES)	217 0	1 2201	Judith Do	lecek, Col			MD	NATE INTERVAL
d centration, at remayol.		Conditions, if any, gove rise to immediate (a), stating underlying cause	which nediate	DUE TO, C	DR AS ACONS	iratory Imonta ^f Abetes ^f m						
property T	CERTIFICATION	PART 2 OTHER SIGN					NOT RELATED TO THE TE	RMINAL DISEASE OR CON 200 AUTOPSY?	120b. IF YE	S, WERE	FINDING	GS USED OF DEATH?
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and Mento	MEDICAL	216. INJURY OCCURI	CALEXAMINER	21e PLACE	OF INJURY	FFICE FARM ETC.)	211 LOCATION STREET	CITY OR TO	OWN	CON	UNTY	STATE
d for use as t. of Health m 21 is mar		220.1 certify that (tr saw the decease abave, 40 (we) (c	(this hospi		-, -	.19 01	nd that in (my) (aur) apinio	. 10	8/15 late and hou		om the co	
State Dep		226 PHYSICIAN'S NA	AME (IYPE O	PRINT)		m	1220 ADDRESS	DIRECTOR PHYSI	CIAN		8/15	5/87
should be deto with the State IMPORTANT: If	230	BURIAL CREMATION.		RAFIS,	M.D.	231. NAME OF C	GBMC 6701	NORTH CHARL	ES ST.			
		Buria		8/18/		Meado	wridge	Howard				MD STATE
16 60M 7/84 A 15, 4)	Z4 F	NAME H.W	. Jen	kins 8	Son's	RESSCO.,	/. /. /.	UG 1 8 1987	Julia ,			

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HAGIENS

2

ı	87	REGISTRAR				CERTIF	ICATE OF DEAT	н ,	-	REG. NO.		
	1. DE(TEACED NIAME	enneth		vard :	SCHNE	PF		ugust	16,1987	DAY YEAR	8:39P _M
	3 SE)	MALE RTHPLACE (STATE OR F		RACE WH	NTE WHAT COUNTRY?	5 DATE O	25 1921	AR Q	AGE (IN YEARS 65 BALTIMORE	YRS	ITY OF DEATH	IF UNDER 24 HRS.
-		Maryland		US	A	WIDOWE			Bal	timore (County	MD.
1	R	OSSVILLE		11. NAME OF HOSPITAL, NURSING HOMES OF THE TRANSPORT OF THE STREET ADDRESS FRANKLIN Square H			e Hospital		120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Retired— Bugle			OF BUSINESS OR
-	USU/ 13a. S	AL RESIDENCE (IF NURSI STATE Md.	136 COUNTY Bal	to.	GIVE RESIDENCE BEFORE 134 CITY OR TOW MiddleRI	e admission) IN LVET	13d. INSIDE CITY LIA		STREET ADD	ress / zip co raythor	n Road 2	21220
	14 FA	James	Eďw	ard	Schnepf		Virgie		M		Petty	ST
		VAS DECEASED EVER VES. NO OR UNKNOWN)	IN U.S. ARME HEVES, GIVE W	VAR OR DATES	213-14-9		Rosemani Rosemary	y Schr	nepf 22	28 Gray		pad 21220
	CERTIFICATION		onediate g the lost. HIFICANT CO	NDITIONS COLUMN COLUMN	ancer	DEATH BUT	NOT RELATED TO TH	-	AL DISEASE O	72 20b. IF	GIVEN IN PART I	NGS USED
	MEDICAL CERTIF	21a. ACCIDENT WAS UND OR CONTRIBUTING CO OFFETHER NOTIFY MEDIC 21d. IN JURY OCCURR WHILE NOTIFY ADVINGED AT WORK	CAUSE OF DEATH CALEXAMINER) RED	P. 21e PLACE (AT HOME STE	M. MONTH D M. OF INJURY REET FACTORY, OFFICE	19 FARM, ETC }	216 HOW INJURY	OCCURRED	(ENTER NATURE	ITY OR TOWN	YES IS PART I OR PART 2) COUNTY	NO
		22a. I certify that XI saw the decease above, XI (well to 22b. SIGNATURE 22d PHYSICIAN'S NA	dolive on A	thua	Powe	. 0	nd that in (My) (our) our) our) our) our) our) our	DING CIAN C	MEDICAL DIRECTOR	STAFF PHYSICIAN	nour and from the	that Xi: (we) lost a couses stated E SIGNED 6-87
	23a E	BURIAL, CREMATION,	REMOVAL	236 DATE	230		TEMETERY OR CREMA	ATORY	123d LOCATIO)N	e Maryla	and State
		uneral director onnelly Fu			ADORES					- politica estatuta	Davidson V	

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT: If Item 21 is marked or Item 18 at

063522

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO

CERTIFICATE OF DEATH

1 - STATE EGISTRAR

20 DATE OF DEATH	MONTH	DAY	YEAR	2b HOU	R
	80	19	187	2:	30R
AGE IN YEARS LAST	BIRTHDAY)	IF UND	ER TYEAR	IF UNDER	24 HRS
		ALCON TO A	6.4.4	AND DESCRIPTION	

٦		EASED NAME FIRST	MIDE	DIE	L	AST	20. DATE OF DEATH	MONTH DA	Y YEAR	2b HOUR
I	11174	FRANCE	S MITC	CHELL	SCH	OLTES		08 1	9 187	2:30R
1	1 SEX	4.	RACE		S. DATE O	F BIRTH	6 AGE (IN YEARS LAST BIR		UNDER TYEAR	IF UNDER 24 HRS
ı	,	FEMALE	CAUC		Ma	r. 24,1916	71	YRS	DATS DATS	HOURS MIN,
1	a. BIR	THPLACE ISTATE OF FOREIGN 76	CITIZEN OF WH	IAT COUNTRY?	8		BALTIMORE CITY O		F DEATH	
k	C	Maryland	U.S.A	A .	WIDOWE	DINEVER MARRIED DIVORCED	BALTIMOR	E COU	NTY	MD.
1	10. CI1	TY OR TOWN OF DEATH		SPITAL, NURSING		R OTHER INSTITUTION	120 USUAL OCCUPATE		12b. KIND O	F BUSINESS OR
9	1		GBMC-67	701 N.C	HARL	ES ST.	Housew		-	
1	USUA 13a. S			CITY OR TOWN	4	13d. INSIDE CITY LIMITS?	3271 Ch	ZIP CODE	Driv	102 e
7	I4 FA	THER'S NAME	DDIE	LAST		15 MOTHER'S MAIDEN NAM				
1	1	Harry		Celler		Mary	Ethel		Garr	ish
5		AS DECEASED EVER IN U.S. ARMI	VAR OR DATES	b SOCIAL SECUR		17 INFORMANT	ADDRE	ss3271	Char	mil Dr.
4		No	2	216-03-	0066	B Oliver N.	Scholtes	.Sr.	Man.	
1		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	RV						BETWEEN	MATE INTERVAL ONSET AND DEATH
1		IMMEDIATE CAUSE (a) CARDIOPULMONARY FAILURE								
١			DUE TO, OR A	SA CONSEQUE	YCE OF	CANCER TO LI	UNICO LIEA	DT o.	LVED	
1		Canditions, if any, which gave rise to immediate)			ONNOER TO L	UNGS, HEA	NI OX	LIVER	
١		cause (a), stating the underlying cause last.	DUE TO, OR A	S A CONSEQUE	R I AI	CANCER				
1	123	PART 2 OTHER SIGNIFICANT CO	107				NAL DISEASE OR CON	DITION GIVE	V IN PART 110	
	CERTIFICATION							- 6		
7	CA	198 DATE OF OPERATION	196 CONDITIO	ON FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDIN	
	#						YES NO	YES		NO 🗆
7	100	OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF II HOUR A.M.	NJURY MONTH DA	Y YEAR	21c HOW INJURY OCCURRE	ED (ENTER NATURE OF INJUR	TY IN ITEM 18 PAR	T I OR PART 2)	
	CAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.		19					
1	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF	INJURY FACTORY OFFICE, FA	RM ETC)	211 LOCATION STREET	CITY OR 10	WN	COUNTY	STATE
1		WORK NOT WHILE			- 09	06	00 40		0.5	
1		27a I certify that (1) (this hospital saw the deceased alive an	08-19	deceased from_	0.0	-06 , 19 87 d that in (my) (aur) apinion d		. 10		that (I) (we) last
1		abave, (I) (we) (did) (did fin) 22b. SIGNATURE		protects.	- 1	DEGREE	edin occorred an the oc	THE CITO HOUT	22¢ DATE	
,		9000	/en	EN	nj	MO ATTENDING PHYSICIAN	MEDICAL STAF	IAN 🕱	THE DATE	3101112
7		22d. PHYSICIAN'S NAME (TYPE OR P		X	,	27e ADDRESS	1 N. CHAR	E 9	T	
4		G.H.MANLE						LEO O	1 .	
		SPECIFY)	23b. DATE			EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE
		Burial	Aug. 22	,1987	New :	Lutheran Cer	n.Manches	ter.C	arrol	l,Md.

ADDRIANT, If In

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL

Persiperción barches ter, Md.

AUG 21 1987 Julia Dender Resident

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4		Smill 4904			
	B 35 4.20				
4.1.27	930 J. J.	1970 1785			
	550 to 251	THE RESERVE			

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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2	2	J	La	

5 8	- 1	FOR STATE REGISTRAR				EALTH AND MENTAL HYG	DENE /	2 2	5 2	
		EASED NAME FIRST	EN MIDE	W	SC	STULTZ HULTZ	20. DATE OF DEATH	8.15	3.87	HOUR
	1	M	W		MONTH	· 28.31	56			IOUNS
35	cc	THPLACE (STATE OR FOREIGN DUNTRY) MD.	76. CITIZEN OF WH		B. MARRIEI WIDOWE	D DIVORCED	9. BALTIMORE CITY	MORE	-	NT
彭	-	TOWSON	(IF NOT IN SUCH FA	CILITY, GIVE STREET AD	DRESS)	HOSPITAL	(TYPE OF WORK FOR MOS		12b. KIND OF B	SUSINES
35	13a. ST	MD. B		E RESIDENCE BEFORE AE CITY OR TOWN		YES NO 🛛	13e STREET ADDRESS 6602 E1		Oak Ro	23
30		HER'S NAME JACKSON SHU	LTZ	LAST		15. MOTHER'S A AIDEN NAME HELDA A	MIDDLE		LAST	
months /		AS DECEASED EVER IN U.S. A s. no or unknown) { IF YES, G YES	RMED FORCES? IVE WAR OR DATES)	SOCIAL SECURI	TY NO.	Margaret		ress vife -	825-22	261
njury, or ot		PART 2. OTHER SIGNIFICANT	CONDITIONS CONT	RIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CO	NDITION GIVE	N IN PART 1:a	
ows any ir	CERTIFICATION	9a. DATE OF OPERATION	19b. CONDITIO	N FOR WHICH O	PERATIO	N V-AS PERFORMED	200 AUTOPSY?		WERE FINDINGS	
Item 18 sh	EDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMINI	HOUR A.M.	NONTH DAY	YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF IN	JURY IN ITEM 18 PAR	RT I OR PART 2)	
orkedor	2	WHILE NOT WHILE AT WORK	21e PLACE OF (AT HOME, STREET,	INJURY FACTORY, OFFICE, FAR/	M, ETC]	211. LOCATION STREET	CITY OR	town	COUNTY	STA
n 21 is me		220.1 certify that (I) (this hasp saw the deceased olive o above, (I) (we) (did) (did n	n	10	, on	d that in (my) (our) opinion o	, to death occurred on the		9, tha and from the cau	4
ZT. If Iter		22b. SIGNATURE	x P.K	Dingon	N	ATTENDING PHYSICIAN	MEDICAL ST DIRECTOR PHYS	AFF ICIAN	8/10	P/S
IMPORTANT		BEATRI	drprinti	201		St.	of Hoy	intal	Cours	~2
1	23e. BU	IRIAL, CREMATION, REMOVA PECIFY) CEMOVA 1	23b. DATE 8-19-		ME OF C	METERY OR CREMATORY	1924 LOC, TION	NEW YORK	COUNTY	STA
-										

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

State Anatomy Board

Balto., Md.

063436 AUG

STATE OF MARYLAND

		FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HY	REG. NO.	0 4	da .	
2	W	EASED NAME FIRST	. /	MES SCHU	SLER	tus LER	20. DAJE OF DEATH MONTH D.	AY YEAR	26. HOURS	
	1. SEX	m	4. RACE	V	S. DATE C		13 YRS	ONTHS DAYS	IF UNDER 24 HRS HOURS MIN.	
1	10	RTHPLACE (STATE OR FOREIGN	U	S A	WIDOWE		Baltimore Cou	nty	MD.	
1	(BALTO	(IF NOT IN SUC	CHEACILITY, GIVE STREET A	S.	HOSP	IZE USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE Service Engineer	INDUSTRY	Truck	
1	Ge	TATE West 13b C	ME OR OTHER INSTITUTION OUNTY	13c. CITY OR TOWN	admission)	13d INSIDE CITY LIMITS? YES [X] NO [Schleifweg #18,	8800 A	Ansbach	
14. FATHER'S NAME John Schusler 15. MOTHER'S MAIDEN NAME FIRST Frances Kannengieser 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT ADDRESS										
2	16a. W	e								
		PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)								
		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF any Chitany Wishest Sease								
,	CERTIFICATION	PART 2 OTHER SIGNIFICA				NOT RELATED TO THE TERM	20a AUTOPSY? 20b. IF YES,	WERE FINDING CAUSES	IGS USED OF DEATH?	
11		210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF CHIEF THE CONTRIBUTION CONTRI	OF DEATH HOUR A		Y VEAR	HOW INJURY OCCUR	YES NO YES		NO []	
	MEDICAL	214 INJURY OCCURRED		OF INJURY MET FACTORY OFFICE FO	eam (1C)	TH LOCATION STREET	CITY OR TOWN	COUNTY	STATE	
1	TÎ	12a.1 certify that (II) this I saw the December along phone (II) weighted it				nd that I (my) (aur) apinian	death accurred an the date and hour	9, t	that (I) we) last causes stated	
	1	276 EIONATGRE	160	2	mi		MEDICAL STAFF DIRECTOR PHYSICIAN	8-19	SIGNED 7-87	
		OBRES	TYPE OR PRINT)	LAWLIE	1		SERB HOS	PITA	3 —	
	(BURIAL, CREMATION, REMO Cremation		20,1987	Gr	eenmount	Baltimore City			
	-0.1	uneral director tchell-Wiedef	eld Home,			TOLK Ma.	e rec'd. By registrar 255, registr	PAR'S SIGNAT		

DHMH - 16 60M 7/84 (VRA 15, 4)

AUS 20.19

DHMH - 16 60M 7/34

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE /

2 J La

		REG. NO.									
MIDDLE	LAST	20 DATE OF DEATH MON	28 110011								
E. SCHWARTZ		August 21, 19	87 11:52p _M								
4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY									
W	12-11-1927	59	MONTHS DAYS HOURS MIN.								
76 CITIZEN OF WHAT COUNTR	Y? B NEVER MARRIED	9 BALTIMORE CITY OR CO									
U.S.A.	WIDOWED DIVORCED	Baltimore Co	unty								
		120 USUAL OCCUPATION	126 KIND OF BUSINESS OR								
FRANKLIN S	QUARE HOSP.	WAITRESS									
OUNTY 13c. CITY OR TO	DWN 1134 INSIDE CITY LIMITS		PCODE 21224 BROOK RD.								
MILLE	FIRST	MIDDLE	LAST								
COURT AND CORP. LEGG.	CURITY NO. 17 INFORMANT	ADDRESS	-8018 Wyndrod								
18 CAUSE OF DEATH lEnter only one couse per line for 10). (b. and ic. part I. Death was caused by: Cardiopulmonary Arrest											
DIATE CAUSE (o)	Timonary Arrest										
s Mellitus											
196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED		CERTIFYING CAUSES OF DEATH? YES NO								
FDEATH HOUR A.M. MONTH	DAY YEAR 19	CURRED (ENTER NATURE OF INJURY IN	ITEM 18 PART I OR PART 2)								
21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE								
	August 20	87 August 2	1 87								
		nion double resurred as the date of									
Anat) view the body after death	: one met in (m), (ee., epin	mon death accurred on the date of	22c DATE SIGNED								
1160	PHYSICIAN	G MEDICAL STAFF	August 21								
ushabek, M.D.		klin Square Dr.	21237								
8 - 25 - 87	OAK LAWN CEM	CITY OR TOWN	COUNTY STATE								
	The CITIZEN OF WHAT COUNTRY TO CONDITION FOR WHAT COUNTRY TO CITIZEN OF WHAT COUNTRY	E. SCHWARTZ RACE S. DATE OF BIRTH DAY YEAR 12 - 11 - 1 9 2 7 To CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED DIVORCED DI	E. SCHWARTZ August 21, 19								

- 7527

A PRINCE ACADES

1.5%

DHMH - 16 60M 7/84

(VRA 15, 4)

063693 AUG

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

22324

24	87	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0.		1 -	
	1 DEG	CEASED NAME FIRST WIlliam		er SCOTT		AST	August 21,		Y YEAR	1;25	a
4	4:5E)	K	4 RACE		S. DATE C		6. AGE (IN YEARS LAST BIR		ONTHS DATS	IF UNDER	R 24 HRS
	1	Male	Blac	k	2	21 31	56	YRS	DATE	, , ooks	141.04.
-		RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8 MADDIE	D X NEVER MARRIED	9 BALTIMORE CITY		OF DEATH		
Z		Md.	USA		WIDOWE		Baltimore (county			MD.
1	JI CI	Balto., Co.	11. NAME OF H	NE OF HOSPITAL, NURSING HOME OR OTHER INS OF IN SUCH FACILITY, GIVE STREET ADDRESS! ANKTIN Square Hosp			120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) IN GOV. Inspector			F BUSINE	ESS OR
5		AL RESIDENCE (IF NURSING HOME OF		GIVE RESIDENCE BEFORE 13c. CITY OR TOWN		13d INSIDE CITY LIMITS? YES NO 🛣	3 Haylock		2	12	36
3	T.L	THER'S NAME rederick	MIDDLE	Scott	91	Lottie	WE		Sco	tt	7
		VAS DECEASED EVER IN U.S. AF		166 SOCIAL SECUI	RITY NO.	17. INFORMANT	ADDRI	ESS			
	(,	Yes Yes 1948	B-1950	220-24-2	757	Hester Parke	er & Haylo	ock Ct.			
	CERTIFICATION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT Cancer of P 190 DATE OF OPERATION	DUE TO, OI DUE TO, OI DUE TO, OI DUE TO, OI CONDITIONS CO		NCE OF NCE OF STINE	al Bleed	ZOO AUTOPSY?	20b IF YES,	WERE FINDING CAUSES	NGS USE	TH?
1	MEDICAL CER	216 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WORK N	21e PLACE (AT HOME STR AUGUST The place of	ATTENDING _	city or to	21 Idate and hour	COUNTY 9_87	thaX1) (ated		
		Celeste W	iser, M.			9000 Frankl		r., 212	237		
	24 FI	BURIAL CREMATION, REMOVAI (SPECIFY) BURIAL UNERAL DIRECTOR JIIIiam C. Brown	8/25		arri	AFE	23d LOCATION CITY OF TOWN BETTER	Jun D	COUNTY		STATE III

STATE OF MARYLAND

4 3 88 SEP -	87	FOR STATE REGISTRAR			DEPARTN	CERT IF	OF MARYLAND EALTH AND MENT ICATE OF DEAT	H	REG. NO		2	3
nay be page 3 r death		EASED NAME FIR		zabeth			AST		August 29,	1987	YEAR	76 HOUR 4:18a M
ge 4 r	3 SEX	Female		White		5. DATE O		77	AGE (IN YEARS LAST BIR	YR5	UNDER I YEAR	IF UNDER 24 HRS.
h 72 h	C	THPLACE (STATE OR FOREK OUNTRY) Maryland		U.S.A.		WIDOWE		ED [Baltimorecity <u>o</u> Baltimore	County		MD
by the		Rossville	7	rank u	n Square	e Ho.	pital	ION 12	Retired	ON F WORKING LIFE)	126 KIND C IMPUSTRY	t Sales
24 h	USUA 130 S	L RESIDENCE (IF NURSING H	county Saltine	one light	RESIDENCE BEFORE CITY OR TOWN	ADMISSION)	13d. INSIDE CITY LIA	MITS? 13	STREET ADDRESS	ZIP CODE	re St.	21224
ompletely ord 3h	14. FA	THER'S NAME EMBLISHED EMBLISH EMBLIS	WIDDIE	Ja	coby		15. MOTHER'S MAIL FIRST mma.	DEN NAME	MIDDLE		Dulis	
Poges 1		AS DECEASED EVER IN U	J.S. ARMED F		12-09-		George &	. Sea	ton In. 70		Balto.	St.
equires that the death certificate in signed by the attending physicis. Then please remove carbonizepes. The burial, cremation, or removal, injury, or other fraumatic event, the	NO	Conditions, if ony, wh gove rise to immedicouse (a), stating underlying couse le	oich ote the ost	(b) S	A CONSEQUE	NCE OF NCE OF	nd Genera			DITION GIVEN	N IN PART 1:	0
on. hos bee t permit. iene prior	CERTIFICATION	190 DATE OF OPERATION	J 1	96 CONDITION	FOR WHICH	OPERATIO	N WAS PERFORMED		200 AUTOPSY?	206. IF YES, V IN CERTIFYII YES		NGS USED S OF DEATH? NO
nding physicion his certificate his burial-transit plantal Hygier or them 18 stay		210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSI	E OF DEATH	P.M.	MONTH DA	Y YEAR		OCCURRED	(ENTER NATURE OF INJUI	RY IN ITEM IS PART	I T OR PART 2)	
ottendir os the bu th and M arked or	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	1.	In PLACE OF IT AT HOME STREET F	NJURY ACTORY, OFFICE, F.	ARM: ETC)	211 LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
TO FUSPITAL OR ATTENDING TO FUNDER DISCORT A FACTOR OF TO FUNDER DIRECTOR. A FACTOR DE STORE DESTRUCTION OF THE PROPERTY: If them 21 is made to the property of the property of the property of the property of the property.		270.1 certify that & (the saw the deceased a above; (we) (did) 272.5 SIGNATURE 272.4 PHYSICIAN'S NAME 1 rbahim BS	(TYPE OR PRINT	had	deoth.		DEGREE A.D. ATTEN PHYSI	IDING	to August 2 oth occurred on the di MEDICAL STAI DIRECTOR PHYSIC n Square [FF	27t. DATE 8-29	SIGNED
P	24 FL	URIAL, CREMATION, REN SPECIFY) Burial NERAL DIRECTOR hanse Charles S. Zo		9-01-87 8 Son S		Oak I	emetery or crem awn Cemez tern Ave		23d LOCATION CUITOR TOWN CAS AWOOD EC'D BY REGISTRAR 3 1 987 9	Balt Sh REGISTRA	COUNTY O O AR'S SIGNA	STATE

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		T 5	. 15	1771	8×3/20	3.2.2.
	ga Marija som		2:			200
as at held	Erm 4 years		3.83			• • • • • • • • • • • • • • • • • • • •
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			in the S	50 Sec. 150	5,440	

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

22326

71	, UI	REGISTRAR				CERTIF	ICATE OF L	ZEAIN	REG. NO.						
		CEASED NAME	FIRST		MIDDLE	- 1	AST	13 13	20. DATE OF DE	ATH MON	TH DA	Y YEAR	26 H		
	,,,,,,,	ORTRIPT!	Kose	1		76	N'O		500	8	2	18	4 7	220 M	
	3 SEX	(4 RACE		5. DATE C			6. AGE (IN YEARS	LAST BIRTHDAY		UNDER I YEAR		DER 24 HRS	
	113	Female		Wh	nite	Aug		95	9	1	YRS_	NINS: DATS	HOUR	MIN.	
-		RTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY	Y? 8	NEVER /	MARRIED T	9. BALTIMORE CITY OR COUNTY OF DEATH						
5		Maryland		US	SA	WIDOWE		VORCED [Baltim	ore Co	ounty	7		MD.	
ブ	10 CI	TY OR TOWN OF DE	ATH		HOSPITAL, NURS		R OTHER INS	TITUTION	12a. USUAL OCC		PKING HEEL	12b. KIND (INESS OR	
		Arbutus			Palladi				Homemaker						
and it		AL RESIDENCE (IF NUR	113b. COUN		131. CITY OR TO		13d. INSIDE C	ITY LIMITS?	13e.STREET ADD	RESS / 7IP	CODE			2,511	
)		Maryland	Bal	timore	Arbutu		YES 🗌	NO 🛛	944 Pal			e, 21	227		
7	14 FA	THER'S NAME	350	MIDDLE	LAST		15. MOTHER	S MAIDEN NAM		IDDLE			157		
6		James			Hicke	У	M	lary				Enc	lis	hbee	
		VAS DECEASED EVER		MED FORCES?	166. SOCIAL SE	CURITY NO.	17 INFORMA	INT		ADDRESS					
ŝ,		No	14 165, 01		213-74	-3312	Joseph	n E. Sei	rio, 944	Palla	adi I	rive			
	2	18 CAUSE OF DEA	TH (Enter or	ly one couse per	line for (o), (b),	ond ic.		0				BETWEEN	KIMATE IN	D DEATH	
		PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)											minutes		
				DUE TO, O	R AS A CONSEC	UENCE OF	2. d	00							
		Conditions, if ony		(ıb)	Seven	e Carel	inc. a	ellight	MILLA			ye	ous		
	gove rise to immediate couse lot, stating the underlying couse lost.											0			
		underlying cous	e lost.	((c)	HURCH	Melou	The Ca	iolisia	scaley of	MOIL	2	1	ear	-	
	z	PART 2 OTHER SIG	NIFIGANT	CONDITIONS CO	MTRIBUTING TO	O DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OF	RCONDITIO	N GIVEN	IN PART	10		
	TIO	0	ietra	vasen	armi	uffices	CONTRACTOR OF THE PARTY OF THE	20115	20g AUTOPSY	/2 Ing.	IF VEC V	WERE ENTE	IN LOCAL		
1	FICA	190 DATE OF OPERA	TION	198 COND	ITION FOR WHIC	TH PHERATIO	PERFC	DKWED	200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO NO					EATH?	
4	CERTIFICATION	21a ACCIDENT WAS UN	DERIVING F	7 21b. TIME O	E INTITIDY		Tale HOW IN	LIURY OCCURE	YES NO				NO	0	
7		OR CONTRIBUTING		110110 1	M. MONTH	DAY YEAR	ZIL HOW IN	JURY OCCURR	CO (ENTER NATURE	OF INJURY IN I	TEM 18 PAR	I OR PART 2)			
	MEDICAL	LIFEITHER NOTIFY MED		P. PLACE		19	ZII LOCATIO	201							
	ME	WHILE NOT W			REET, FACTORY, OFFIC	E, FARM, ETC)	STREET		CI	TY OR TOWN		COUNTY		STATE	
		AT WORK AT WO	ORK -						A	- 31		C >			
		220.1 certify that (!		tol) offended to	e deceased from	-	d that in (mv)	, 19	death occurred or	She date o	, 19	and from the		stated	
		obove, (f) N		t) view the Body	an death.	0	DEGREE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ocom occorred or		110 11001 0	22¢ DATI			
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7		THE BHY NETAN'S N	Ture		Inhand	do wir	122e ADDRES		DIRECTOR	PHYSICIAN		10,5	1 0	>1	
		Comment	TH	01/1	Au	100	27A	Mada	Claren	1	C	Lacus	1.1	111	
-	230 B	JURIAL CRE	DEALCOVAL	THE DATE	Tax.	c. NAME OF C	EMETERY OF	CREMATORY	123d LOCATIO	range	19	CONSUL	16 L	W)	
		SPECIFY) Buria	1	8/25/	7200				CITY OR 1	OWN		COUNTY	14-	STATE	
	24 FU	INERAL DIRECTOR	(1	0/23/	O/ IN			Cemete	ry Balti E REC'D. BY REGI		REGISTRA	R'S SIGNA		yland	
	Hub	obard Fune	ral u	ome Ind	ADDRESS		21229		AUG 24	1507		Sind		andres.	
		- Lare	Tal II	One, III	410/	MTTKE.	us ave.				-	-		- Contract	

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR:

should be detached for use as the burial-transit permit. Then please remove carber with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar i In the Marked or Item 18 shows any injury, or other fraumotic

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYCLENE

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J. DEC	REGISTRAR				ICATE OF DEATH	REG. N			H		
	EASED NAME FIRST		DOLE	t	AST		MONTH DAY	YEAR	2h HOUR		
0 0	Re	na SEUBE	RT			August 30, 1987 3:15					
3. SEX		4. RACE		5. DATE C		6 AGE TIN YEARS LAST BIR		UNDER I YEAR	HOURS		
	Female	White)	WORTH	2 DAY 23 YEAR	64	YRS				
70 BIR	OUNTRY -	76 CITIZEN OF W	HAT COUNTRY?	8 MARRIEI	D NEVER MARRIED	9 BALTIMORE CITY	R COUNTY O	FDEATH			
	Maryland	USA		WIDOWE	DIVORCED [Baltimore County				
IO CIT	Rossville	11. NAME OF HO	SPITAL, NURSIN FACILITY, CIVE STREET, IN SQUAL	GHOME C ADDRESSI CE HOS	or other institution spital	DE USUAL OCCUPAT		INDLISTRY	of Busines emakir		
USUA 13a S	RESIDENCE (IF NURSING HOME OF THE NURSING HOME		IVE RESIDENCE BEFORE 3c. CITY OR TOW		134 INSIDE CITY LIMITS?	334 Savanna	ZIP COPE	Balto	21221 .,Md.		
14 FA	THER'S NAME	MIDDLE	IAST		15. MOTHER'S MAIDEN NA	ME MIDDLE		IA:	57		
	Charles	E.	Foos		Tvdia	middle		Youn.			
	AS DECEASED EVER IN U.S. AR		66 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRI	ESS	2122			
(YI	ES. NO OR UNKNOWN) (IF YES GI	VE WAR OR DATES)	213-52-4	1873	Thomas J. Se	eubert Jr.	345 Mag	nolia	Terra		
CERTIFICATION	PART 2 OTHER SIGNIFICANT				NOT RELATED TO THE TERM	O THE TERMINAL DISEASE OR CONDITION GIVEN IN PAR MED 208 AUTOPSY? 206. IF YES, WERE FIR IN CERTIFYING CAU					
TIF.						YES NOX	YES		NO 🗌		
	218. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	A10	MONTH DA	YEAR	21c HOW INJURY OCCUR	OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART?)					
5		DI DIACE O	E IN ILIPY		211 LOCATION						
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		T, FACTORY, OFFICE, F		STREET	CITY OR TO		COUNTY	STA		
MEDICA	WHILE NOT WHILE AT WORK 220-1 certify that 1 (this hosp saw the deceased alive or above, 1 (we) (did) (all 1)	itol) ottended the	deceased from E	lugus (28 , 19 87 and that in (N) (our) opinion	Augus1	30, 19	87 nd from the	that (we		
MEDICA	WHILE NOT WHILE AT WORK 220-1 certify that he (this hasp sow the deceased alive or	itol) ottended the	deceased from E	lugus (28 , 19 87	Augus1	30, 19	87	that (we couses state		

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion and co should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 with the State Dept-of Health and Mental Hygiene prior ta burial, cremation, or removal.

(VRA 15, 4)

Burial 24 FUNERAL DIRECTOR

Baltimore, Maryland

Carl III. Una signatura

COME SEPOS TO SEPOS THE SE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO ASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI STATE SARY, PLEASE FILLE ALD DIRECTOR. ES FOR YOUR FILES. D. WITHIN 72 HOURS DEATH MATED JACQUEL INF 6 AGE (IN YEARS DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS. 20. DATE MONTH DAY YEAR LAST BIRTHDAY PRONOUNCED DEAD YRS 9 BALTIMORE CITY OF COUNT 7a. BIRTHPLACE MARRIED NEVER MARRIED FOREIGN COUNTRY) 4.5 DIVORCED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS 120. USUAL OCCUPATION (TYPE OF WORK OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TOWSON USUAL RESIDENCE omestic BE CHARLES 130 STATE 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Ma. 03 TOWSON ATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE rarke orman 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO INFORMAN1 30. (YES, NO, OR UNKNOWN) 1 (IF YES, GIVE WAR OR DATES) Tow Sois CAUSE OF DEATH (Enter only one cause per line (a), (b), and (c), PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a) stoting the under-DUE TO, OR AS CONSEQUENCE OF lying couse last. SHOULD BE USED AS A BUR PARTMENT OF HEALTH AND RICK TO BURIAL, CREMATIO PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RECALED TO THE FERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE SHOUL EXECUTE THE CERTIFICATE, WRITING THE WORD "PPAGE 4 SHOULD BE FORWARDED TO THE CHIEF. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE TO HE AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BAILTIMORE, MARYLAND, 21201 PRIOR TO BERRIAL. YES NO X 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 211 LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC. CITY OR TOWN COUNTY STATE Inspection 22a. I certify that I took charge of the remains described above, held an Autopsy ond in my opinion deoth resulted from: Natural causes Accident Suicide ___ Homicide ______ Undetermined monner ACTUAL DATE 6 SIGNED EXAMINER'S NAME CHARLES (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23r. NAME OF CEMEJERY OR CREMATORY 23d. LOCATION 44.04 CODEYY at 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR **DHMH-17** (VR A15 ME (5)) 15M 2/80

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYCHENE

0 0 4110 0		REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO	2		1
23 AUG 2		CEASED NAME FIRST		MIDDLE	L	AST		MONTH	DAY YEAR	26 HOUR
poge 3	11476		lliam	J.	Sh	nellev		08	21 8	37 7:35a A
rs orrer	3. SE	M	4. RACE		5. DATE O		6 AGE (IN YEARS LAST BIR	THDAY)	MONTHS DAY	
2 hou	7a BI	RTHPLACE (STATE OR FOREIGN COUNTRY) Md.	76 CITIZEN OF	what country? A	8 MARRIE WIDOWE	D NEVER MARRIED DIVORCED	Baltimore city o			MC
The state of the s	10. C	TOWSON	Greater	Baltimor	address) 'e Med	dical Center	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST O Manager		IFE INDUSTR	of Business or Bank
5		AL RESIDENCE (IF NURSING HOME STATE 136 CC Md. Ba		130. CITY OR TOW TOWSON		13d INSIDE CITY LIMITS? YES NO 🏋	13e STREET ADDRESS / 523 Gou	zip coc cher	Blvd.	21204
237	14. FA	ATHER'S NAME FIRST HOWAT	d T. She	lley LAST		15. MOTHER'S MAIDEN NA	h Buckingha			LAST
a medical		VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN? Yes Yes	ARMED FORCES? GIVE WAR OR DATES! WW 11	213 05 C		Mrs. Barbar	a E. Shelle			
		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMED	only one couse per USED BY: HATE CAUSE (a)	lypercal ce	emia					NOWN
please remove carb rial, cremation, ar or ather traumatic	HCATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF (b) Metastatic Bladder Carcinoma DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN								cnown
os been sign ermit Then, er proor to bu		19a DATE OF OPERATION				N WAS PERFORMED	200 AUTOPSY?	20b. IF YE	ES, WERE FINE	DINGS USED
5	CAL CERTI	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.	DF INJURY M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	YES NO		FART I OR PART 2	NO [
Areday	MEDIC	21d INJURY OCCURRED		OF INJURY REET FACTORY OFFICE, F	ARM ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
a Dept of Health		22a.1 certify that (1) (this has saw the deceased alive above, (h) (we) (did) (did) 22b. SIGNATURE	on AUGUS	t 21. 19_	87	DEGREE ATTENDING	death occurred on the de	ate and ha	our and from t	-, that (II (we) last he causes stated TE SIGNED
PUNERA ould be de th the Stot		224 PHYSICIAN'S NAME (IV				PHYSICIAN [220 ADDRESS G.B.M.C		IAN	10/	- / 3 /
2013-	220	BURIAL CREMATION REMOV			JAME OF C	EMETERY OR CREMATORY				

DHMH - 16 60M 7/84 (VRA 15, 4)

Burial

FOR

8/24/87 MITCHELL-WIEDEFELD HOME, INC. 6500 York Rd.

nal Baltimore, Md.

250 Date REC'D. By REGISTRAR 256. REGISTRAR'S SIGNATURE

Baltimore National

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IMPORTANT: If Item 21 is marked or Item 18 shows any

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	FOR STATE STATE		DEPART	DEPARTMENT OF HEALTH AND MENTAL HYGENE / 2 2 3 3 0 CERTIFICATE OF DEATH REG. NO.					U		
1	I. DECEASED NAME FIRST	MIDDLE	DLE LAST			20. DATE OF DEATH MONTH DAY YEAR 26 HOUR					
ı	(TYPE OR PRINT)						-		c. S .)		
	3. SEX	Н.	IS DATE O	VE BIOTH	6. AGE (IN YEAR SLAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HBS			IF UNDER 24 MRS.			
ı	J. JEA	4. RACE		MONTH		O. AOL (MIL	AKS LAST DIKT		MONTHS DAYS	HOURS MIN	
	remule					9 4 YRS 9 BALTIMORE CITY OR COUNTY OF DEATH					
9	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF	WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9 BALTIMOR	RE CITY O	R COUNTY	OF DEATH		
	Maryland	USA		WIDOWE		Baltin			У	MD.	
di.	TO CITY OR TOWN OF DEATH				OR OTHER INSTITUTION	120. USUAL O				F BUSINESS OR	
	Randallstown	andallstown Baltimore County (UAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMIS				neral Hospital Homemaker					
	13a. STATE 13b. COU		13c. CITY OR TOW		13d INSIDE CITY LIMITS?	13e.STREET A	DDRESS /	ZIP CODE			
1	Maryland Balt	imore	Rockdale	2	YES NO K	3517 N	N. Ro	lling	Rd.	21207	
	14 FATHER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN NAM	ΛE	MIDDLE				
7		Joseph	Colley	7	Agnes		MIDDLE		Brown	SI .	
	160 WAS DECEASED EVER IN U.S. AF	RMED FORCES?	166 SOCIAL SECT					ADDRESS MD 21207			
	(YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	213-48-9	140	Harold C. Sh					ling Rd.	
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per	line for (o), (b), on	id (ci.)					BETWEEN	MATE INTERVAL ONSET AND DEATH	
	PART I. DEATH WAS CAUSI	TE CAUSE (o)	2 espina	Lun-	arrest.						
		DUE TO, OR AS A CONSEQUENCE OF									
ı	Conditions, if any, which (b) 45 pincelien Processitis.										
	gove rise to immediate couse (a), stating the)	R AS A CONSEOU								
	underlying couse lost.	(c)					N 97				
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
		no Co	2 (conic	onic Corvinome							
)	190. DATE OF OPERATION	196 COND	196 CONDITION FOR WHICH OPERATIO		N WAS PERFORMED	20a AUTOI	PSY?	20b. IF YES	, WERE FINDI	OF DEATH?	
	#				YES 🗌	NO	YE		NO 🗌		
	21a. ACCIDENT WAS UNDERLYING		FINJURY M. MONTH D.	AV VEAD	21c. HOW INJURY OCCURR	ED (ENTERNATI	URE OF INJUR	Y IN ITEM 18 P	ART I OR PART 2)		
١	OR CONTRIBUTING CAUSE OF DE	H+H	M.	19							
۱	(IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	21e PLACE	OF INJURY		211 LOCATION						
	WHILE ON NOT WHILE OF AT WORK	WHILE NOT WHILE AT WORK AT WORK			STREET	CITY OR TOWN		COUNTA	COUNTY STATE		
	27a.1 certify that (I) (this haspital) attended the deceased from 7 30 19 57 to 5 3 19 57, that (I) (we) lost										
	sow the deceosed plive or obove, (1) (we) (did) (did no	S S	- 3 19 S	, or	nd that in (my) (our) opinion d	leoth occurred	on the do	te and hou	ond from the	couses stoted	
	27b SIGNATURE	bi view the body	differ dediff.		DEGREE				22c. DATE	SIGNED	
	cellan 1	00111	inus	hil	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAF		F.	2-8-2	
	22d. PHYSICIAN'S NAME TYPE	OR PRINT)			22e ADDRESS					3 - 0 -	
	Allan J.	Chin	cus a	· P.	Ball. Cou	nly	Gon	-141	Hos	ρ.	
	23a. BURIAL, CREMATION, REMOVAL			NAME OF C	EMETERY OR CREMATORY	23d. LOCAT	TION				
	(SPECIFY) Burial	8-6-8			ve Cemetery	Randa	allst	own :	Baltimo	ore MD	
	24 FUNERAL DIRECTOR Loring	Byers				REC'D. BY RE	GISTRAR	756 REGIST	RAR'S SIGNAT	URE.	
	8728 Liberty Rd.				21133	WU U 4	198	7 7.3	in Davido	m. Kondata	

DHMH - 16 60M 7/84 (VRA 15, 4)

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de de	3. SE	Willia	1 RACE	S. DATE O	hriver	6. AGE (IN YEARS LAST BI	8 3 87 M RTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS		
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6 25	1	Md.	U. S. A.	WIDOWI			imore County MD		
d the	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL,	NURSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION 126 KIND OF BUSINESS OR		
- U & #p / 1	1	Deltimens	(IF NOT IN SUCH FACILITY, GI		3		OF WORKING LIFE) INDUSTRY		
20 2 2 2 2	#05U	Baltimore AL RESIDENCE (IF NURSING HOME O	6126 Moores	CE REFORE ADMISSION	<u>a</u>		e-Fulton Laundry		
2 d h b 5	13a.	AL RESIDENCE (IF NURSING HOME OF STATE 13b COU		OR TOWN	138 INSIDE CITY LIMITS	13e STREET ADDRESS	/ ZIP CODE Balto., Md.		
AN C TO THE	1		lto.		YES NO DO		field Rd. #21228		
A refer the	H, F.	ATHER'S NAME	MIDDLE	LAST	15 MOTHER'S MAIDEN	NAME	1,457		
MARYLAND 2120 ed within 24 hours mplerely filled in by and 2 mind fille exomits	1/	Carroll		river	Jeannet		Jenkins		
0-		WAS DECEASED EVER IN U.S. AF		AL SECURITY NO.	17 INFORMANT 612	6 Moorefield	FSRd Balto., Md.		
Mon ex	(YES NO OR UNKNOWN) (IF YES, GI				ne Dierker	#21228		
BALTIMORE,	\vdash				TILS. CHALMAY	Me Dierver			
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	₹ F	190 DATE OF OPERATION	ONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20e AUTOPSY?	206 IF YES, WERE FINDINGS USED		
Lov lov	F						IN CERTIFYING CAUSES OF DEATH?		
The The Cior	CERTIFICATION				Tax tonic to	YES NO	YES NO		
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M A Mulia dim	WEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY		211. LOCATION	CITY OR TO	OWN COUNTY STATE		
DIVISION OF VITAL RECORDS, NG PHYSICIAN. The low requir otherding physician. ther this certificate has been sig os the burol-tronsit permit. Ther th and Mental Hygiene prior to be orked or frem. It shows pry injur	Z	WHILE NOT WHILE	(AT HOME STREET FACTORY	OFFICE FARM ETC)	SIREET	CITIONIC	3,472		
D O O O O O O O O O O O O O O O O O O O		22a.1 certify that (I) (this hasp	attended the decenses	trom 7-	17 10 8	7 10 8 -	19 8 that it (we last		
TEN OF THE SE		saw the deceased alive or	7))	(-)	nd that in (my) (aur) apine	on death occurred on the d	ate and hour and from the causes stated		
hospit hospit RECTC hed for ept of tem 21		abave, (1) (wated de (did no	it) view the bady after deatl	h.			224 DATE SIGNED		
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RAL det	1	Sugar	elex			MEDICAL STA	SIAN		
HOSPITAL ned by the FUNERAL Jid be deal of the Stote ORTANT:		77d. PHYSICIAN'S NAME (TYPE			27e ADDRESS	n'L Kens A	10		
O HOSPITA etoined by TO FUNERA should be de		SUHAY LI	CALASH		3482	imese M	0 212 29		
5 5 5 4 3 8 4	23a	BURIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF C	EMETERY OR CREMATOR	Y 73d LOCATION	J 11+ - 1		
BP		Burial	8-7-87		Park Cemeter	CITY OR TOWN	COUNTY STATE		
01	24 F	UNERAL DIRECTOR			25- 0		25b. REGISTRAR'S SIGNATURE		
DHMH - 16 60M 7/B4 (VRA 15, 4)	G.	Truman Schwa	b 5151 B	alto.Na	t'I.Pike"	AUG 1 1 1087			
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director, page 3 hours after death

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYDIENE CERTIFICATE OF DEATH

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	1 -	FOR STATE REGISTRAR			DEPARTA	EALTH AND MENTAL HYDI	HYDIENE/ 2 2 3 3 2				
	DEC	LIEORO	TE GE	ORGE H	MERMAN SIE		MERS	20 DATE OF DEATH MONTH DAY YEAR 8-5-87			26 HOUR UP M
	3 SEX	Male		White	s. Date of Birth			6 AGE (IN YEARS LAST BIR	YRS	FUNDER I YEAR	HOURS MIN.
	C	THPLACE (STATE OR FORM OUNTRY) Maryland		USA	WHAT COUNTRY?	WIDOWE		BOLLING	ore c	COUN!	TY MO
1	7	OUSON IL RESIDENCE (IF NURSING		OI/	IT JOSE	Ph	HOSPITO!	Proprietor		Servic	e Statio
1	13a S Ma	ryland E	Baltim		Timonium		13d. INSIDE CITY LIMITS? YES NO 🛣 15. MOTHER'S MAIDEN NAM	2308 Chet	ZIP CODE	ircle	21093
7) FA	George Wil		olomaei							
	160 W	(AS DECEASED EVER IN ES. NO OR UNKNOWN) (U.S. ARMED		215-10-2		Lenora M. Sie	emers	Same		
	2	Conditions, if ony, which gove rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF course to immediate cause (a), storing the underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN									
	CERTIFICATION	19a DATE OF OPERATIO	N	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? 206 IF YES, V IN CERTIFYII YES NON YES		WERE FINDINGS USED ING CAUSES OF DEATH?	
/		218. ACCIDENT WAS UNDER OR CONTRIBUTING CAU (IF EITHER NOTIFY MEDICAL	JSE OF DEATH		DE INJURY ,M. MONTH DA .M.	AY YEAR	R 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)				
	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK			OF INJURY REET, FACTORY, OFFICE, F	ARM ETC)	21f LOCATION STREET	CITY OR TO	IWN	COUNTY	STATE
		220.1 certify that (1) (the saw the deceased above, (1) (we) (did	olive on		19		,, 19	, to deoth occurred on the d		and from the co	
_		226 SIGNATURE Mathematic 226 PHYSICIAN'S NAM WATIVID	A D	de f	in, n = LEON	1-5	DEGREE ATTENDING PHYSICIAN 224 ADDRESST. Jmy	MEDICAL STA DIRECTOR PHYSIC	til, 7	221. DATES 8/5/	87 -, md-
	23a. B	URIAL, CREMATION, RE	MOVAL 2	36. DATE	3,1987 Mor	NAME OF C	EMETERY OR CREMATORY Memorial Par	k Baltimore	, Balt	imore (Co., MMd.
	24. FU	neral director			F	500 V	Orde Pd 25a DAT	6 1 0 1987	256 REGISTR		IRE PARTY

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion and complete should be detached for use as the buriol-tronsit permit. Then please remove corbon papers. Pages 1 and with the State Dept of Health and Mental Hygiene prior to buriol, cremation, or removal.

injury, ar other traumotic event,

IMPORTANT: If them 21 is morked or them 18 shows any

THEORY IS NOW!

A COLOR SEEL SEED MORE SELECTIONS.

062530 AUG DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2	2	3	3	0

131	FOR STATE REGISTRAR			. DEPARTA		EALTH AND MENTAL HY		2 2	5 5	J	
	ECEASED NAME	FIRST		MIDDLE		LAST	20 DATE OF DEATH	MONTH DA	AY YEAR	26 HOUR	
{TYF	PE OR PRINT)	Dulcie		G.	S	Siverd		8 1:1	. 87	12:45	
3 SE	EX		4 RACE		5. DATE C		6 AGE IN YEARS LAST		FUNDER I YEAR		
1	Female		Whit	е	9°ONTH	12^ 1896	90	YRS	ONTHS DAYS	HOURS MIN.	
1	ovejoy, P		76 CITIZEN OF USA	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED	Baltin Balti	nore Cou		MD.	
	Middle R	iver	33° Ch	andelle R	d. 2	OR OTHER INSTITUTION	12a USUAL OCCUP LITYPE OF WORK FOR MO HOUSEWIT	ST OF WORKING LIFE	INDUSTRY	of BUSINESS OR emaking	
130	Maryland	NURSING HOME OF Balt	other institution	GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	33 Chan	ss/zipcode delle Rd		220 to.Md.	
P) F	ATHER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN NA	AME			151	
Y	John		P.	Burnhei	mer	Clymenia			Long	(3)	
	WAS DECEASED E			166 SOCIAL SECU	~	17 INFORMANT	AD	DRESS		21220	
	NO OR UNKNOW!	V) (IF YES, GIV	E WAR OR DATES)	194-03-	3553D	Meredith Si	iverd 33 Cl	nandelle			
	Conditions, if gove rise to couse 101, sunderlying conditions	ony, which immediate stating the	D BY: TE CAUSE (a) DUE TO, O	SEVENI	ENCE OF	RIZKE OSCLO VASCULAN	CEHOLIC		7/	O MAS	
z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIO 11 A B 1 - S 12 P N 1 2 M 1 M 1 F										
1 8	19a DATE OF OP				POSIBLIZ PNIZUMIN			200 AUTOPSY? 206 IF YES, WERE FINDINGS USED			
CERTIFICATION	TYG DATE OF OF	EKATION	198 COND	THON FOR WHICH	OPERATIO	IN WAS PERFORMED	YES NO	IN CERTIFY	ING CAUSE	S OF DEATH?	
	OR CONTRIBUTING		HOUR A	OF INJURY .M. MONTH DA .M.	YEAR	21c. HOW INJURY OCCUR	RRED (ENTER NATURE OF I	NJURY IN ITEM 18 PAI	RT I OR PART 2)		
MEDICAL	216. INJURY OCH	OT WHILE	21e PLACE (AT HOME ST	OF INJURY REET, FACTORY, OFFICE F	ARM ETC)	218 LOCATION STREET	CITY O	RIOWN	COUNTY	STATE	
	sow the de abave, (l) (v	ceosed alive on ve) (did) (did no	Coll	decaysed from 19		nd that in (my) (aur) apinion	death occurred on the	dote and hour	ond from the		
	THE SIGNATURE	Joh P	tier		,		MEDICAL S DIRECTOR PHY	TAFF SICIAN [8/	11 187	
	Ralph	U .	D. (653	- 1952)		1390 Martin	Blvd. Bal	to.,Md.	21220		
23a	BURIAL, CREMATI	ON, REMOVAL	236 DATE			emetery or crematory	23d LOCATION	diana Co	MY.v.	Penria	

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR, After should be detached for use as with the State Dept. of Health

IMPORTANT: If Item 21 is

TO HOSPITAL OR ATTEN

BP

24 FUNERAL DIRECTOR
LASSAHN FUNERAL HOME

449 Belair Rd BALTO. Md. 21236

250 DATE REC D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE AUG 12 1007



STATE OF MARYLAND

ENT	OF	HEA	LTH	AND	MENTAL	HYGIENE	54
CE	RTI	FIC	ATE	OF	DEATH		•

063965 AL	128 TE REGISTRAR	DEPARTA	RENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	GIENE 8 / 2 2	3 3 4
25	I. DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH DAY	YEAR 25 HOUR
deg deg	3. SEX	14 RACE	S. DATE OF BIRTH	16. AGE (IN YEARS LAST BIRTINDAY)	INDER I YEAR IF UNDER 24 HRS
arector. p	Male	White	MONTH DAY YEAR 20 13	74 YRS.	
# 100 4/	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore C	DUNTY MD
1 11/1/2	Randallstown	11. NAME OF HOSPITAL, NURSIN		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126 KIND OF BUSINESS OR INDUSTRY
24 hours		DR OTHER INSTITUTION, GIVE RESIDENCE BEFORE JUSTY 13c. CITY OR TOW Baltimo	N 134 INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP CODE 3107 Bancroft Re	Apt C
1300	14. FATHER'S NAME Nathan	MIDDLE Slavsk	15. MOTHER'S MAIDEN NA	ME MIDDLE	Polsky
12	(YES, NO OR UNKNOWN) (IF YES, O	IVE WAR OR DATES		ADDRESS 1 3107 Bancroft	Apt C
	PART I. DEATH WAS CAUS		- Sullinera a		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
deoth contending	Conditions, if ony, which	DUE TO, OR AS A CONSEQUE	- /	fin	2 dasi
that the by the cose remaindly cremain	gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE			chien
equires in signed Then ple r to burn	PART 2 OTHER SIGNIFICANT A 2 HEINE 190 DATE OF OPERATION	CONDITIONS CONTRIBUTING TO		AINAL DISEASE OR CONDITION GIVEN	IN PART Tro
he low r on. hos bee t permit. ene prio	2		OPERATION WAS PERFORMED	200 AUTOPSY? 206 IE-YES, WIN CERTIFYIN YES NO YES	/ERE FINDINGS USED IG CAUSES OF DEATH?
N. T. Sic. T. T. Sic. T. T. Sic. T. T. Sic. T.	710. ACCIDENT WAS UNDERLYING	215. TIME OF INJURY	216. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PART	OR PART 2)

P.M. (IF EITHER NOTIFY MEDICAL EXAMINER)

211 LOCATION

21d. INJURY OCCURRED 21e. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK

CITY OR TOWN COUNTY STATE

220.1 certify that this hospital sow the deceased alive on obove, (I) (we) (did) (did not) view the body after death. 226 SIGNATURE

ATTENDING PHYSICIAN MEDICAL STAFF 8/2 4/

22e ADDRESS

23a. BURIAL, CREMATION, REMOVAL

DEGREE

(our) opinion death occurred on the date and hour and from the causes stated

24 FUNERAL DIRECTOR DHMH - 16 60M 7/84

MEDICAL

(VRA 15, 4)

Hebrew Memorial F.H., Inc- 1100 Reisterstown Ro

meridian pandelle

063965 AUS 2837 and exist a second control of a little book Buttoners I IX Ref discourage Ref State Y Kanada FIFTH HOT ALEX PARCH SOT BACK OUT TO SERVE TO SERVE Sepers - proteinmon -1.0553 2 dec 1 Murray track and order Paralage Aletterner desente 0147/3 Ti Stewart Ol H General Oster 3635 dd Court 2000 Burnel 8/25/17 Chian (Brope - The Invite Life Mar He broad Sun Hill the Western translet All 25 mil

tector page 3 DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ng physician and TO FUNERAL DIRECTOR, After this certificate has been signe should be detached for use as the burial-transit permit. Then p with the State Dept. of Health and Mental Hygiene prior to burn TO HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the hospital or ottending physician

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

AUG 4 1987 Aug. Trader Par

061	855 AUG :	518	FOR STATE REGISTRAR		DEPAR		EALTH AND MENTAL HY				11
			CEASED NAME FIRST		MIDDLE		AST	REG. NO	MONTH DA	Y YEAR	2b HOUR
	e # 6	TYPE	ORPRINT) MARY		0	57	OAD	08 0	2	87	9 15
	oy be	3.6E		14.RACE	H	JS DATE (AGE (IN YEARS LAST BIRTI	HDAY) IF	UNDER I YEAR	IF UNDER 24 HRS
	ctor s	1	-emale	White		MONTH	DAY YEAR	1 04	MO	NTHS DAYS	HOURS MIN.
	0 pp 1	M. BI	RTHPLACE (STATE OR FOREIGN	71/CITIZEN OF	WHAT COUNTRY	12 1		P BALTIMORE CITY OF	R COUNTY O	FDEATH	
	A 72		enna	US	A	WIDOWE	D NEVER MARRIED . DIVORCED [31			MD.
	1 11 757	36, C	TY OR TOWN OF DEATH	11 NAME OF	HOSPITAL, NURS	ING HOME (OR OTHER INSTITUTION	12a USUAL OCCUPATION	WORKING LIFET	126 KIND OF	BUSINESSOR
5	1 780	DA	HTD. Co.	MAND	R CARU	- Ross	VILLE	Housewife			naking
LAND 2120	5	13a S	at RESIDENCE IN NURSING HOME OF TATE aryland Bal	TROTHER INSTITUTION INTY	13c. CITY OR TO		134 INSIDECITY LIMITS?	ROSSVILLE	zip code -Manor	Balto	76237
YLA	2 S S S S S S S S S S S S S S S S S S S	JI4 FA	THER'S NAME				15 MOTHER'S MAIDEN N	JAME			
MAR	de de la	1	Paul	MIDDLE	Ellenber	rger	Maude	MIDDLE		LAST	
RE, I	10 de 10 1	lác V	VAS DECEASED EVER IN U.S. A		166 SOCIAL SE		17 INFORMANT	ADDRE	SS		
NO W	Poge Medi		YES, MOOR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	214-74-	-2855	William H.	Lukens, Jr.	4 Har	ko Crt.	. 21221
SALT	ote b		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse pe	er line for (a), (b),	and (C)	4			APPROXIM BETWEEN O	NATE INTERVAL NSET AND DEATH
. E	phy on po emov			ATE CAUSE (0)	cardio	usqu	ectors are	LIT			
NO	in ce		I to the second	DUE TO, C	OR AS A CONSEG	UENCE OF	6. 7 8				
PRESTON	111		Conditions, if any, which gove rise to immediate	(b)_	Corre	STUP	suo-11 fe	ceur			
×.			couse (a), stating the underlying couse lost.	DUE TO, C	OR AS A CONSEC	UENCE OF	wi			16. 3	
5, 201	gne en p bur rry, ar	1,	PART 2 OTHER SIGNIFICANT	CONDITIONS C	ON THE TIME A	DEATH BUT	NOT RELATED TO THE TE	rminal disease or cone	OITION GIVE	N IN PART 110	
ORD	requents or to	ě	Cernal	-	kell	ear			T		
RECORDS	n. no be nos be permit ne pri	CERTIFICATION	190 DATE OF OPERATION	IN COM	ITION FOR WHI	CH OPERATIO	N WAS PERFORMED	YES NO NO		WERE FINDIN NG CAUSES (
IA	N. Th		21a ACCIDENT WAS UNDERLYING	21b. TIME	OF INJURY		21c HOW INJURY OCC	JRRED (ENTER NATURE OF INJUR		T T OR PART 2)	
N-V	Phy Phy Phy III		OR CONTRIBUTING CAUSE OF D	EAIN	A,M. MONTH	DAY YEAR					
NO	HYSI ding ding ding buris or Re	MEDICAL	21d. INJURY OCCURRED	?le PLACE	OF INJURY		211 LOCATION	54.0010		COUNTY	STATE
DIVISION OF	IG Protect the street	×	AT WORK AT WORK	(AT HOME S	TREET FACTORY, OFFIC	E FARM, ETC)	STREET	CITY OR TO	WIN	COONIT	SIAIC
ā	Aft		22a.1 certify that (I) (this has			111	14 198	1. 10 alla	. 19	0/1	hot (II (we) lost
I PE	Problem Proble		sow the deceased alive a	uff view the bod	v affer death.	07.0	nd that in (my) (our) opinio	on death occurred on the do	ite and hour o	and from the c	ouses stated
	OR A DIRE toched Dept.		This signature		Inn	ve,	DEGREE ATTENDING	MEDICAL STAF		39/3	IGNED
	ERAIL STOTE	-	224 PHYSICIAN'S NAME (TYPE)		27e ADDRESS	DIRECTOR PHYSIC	IAN	1-1	9
	TO HOSPIT, etoined by TO FUNER, should be dwith the Sto		Dr. Schwart					Rd. Balto.,	Md. 2	1206	
	5 5 5 4 3 8 4		BURIAL, CREMATION, REMOVA				EMETERY OR CREMATOR	y 23d LOCATION	2.1.1	COUNTY	2 50.16
	DD		(SPECIFY) Cremation	8-3-8	37	Vestvie	ew Mem. Park	CITY OR TOWBA	Ltimor	e, Mar	/Land"

Westview Mem. Park

21236

7401 BALTO

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

Cremation

24 FUNERAL DIRECTOR

8-3-87

A BUA SEAS OF DEAD

STARES Small Lawrence Walnes

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL MEDICAL EXAMINER'S CERTIFICATE

HYGIENE	- 57
TE DEATH	6.

2	2	J	5	
DE	CNO			

26 HOUR

	H		EASED NAM	FIRST		MIDDLE		LAST		AONTH DAY YEAR 126 HOUR
	S S S S S	(149)	CORPRINT)	DAVID	Way	ne	SL	OAN	OF ESTI-	8 2 1,87 0936
	ARY, PLEASE I DIRECTOR. YOUR FILES. V 72 HOURS TON STREET,	3. SEX		4. RACE	5 DATE OF BIRTH			DER 1 YR. IF UNDER	Z4 HKS. Zt. DATE	ONTH DAY YEAR 24, HOUR
	SARY, AL DIRE YOUR STON S	Ma	ale	White	7-13-5	0 20	YRS.	TS DAYS HOURS	MIN PRONOUNCED DEAD	8 241087 094
	FOR YOUR WITHIN		RTHPLACE (5	TATE OR	7b. CITIZEN OF W	HAT COUNTRY?	8 MARRI	ED NEVER MARR	IED 9 BALTIMORE CITY OR C	OUNTY OF DEATH
	A SECTION OF THE PROPERTY OF T	7	7irgini	a	U	SA	WIDOW	_		County
	SEE SEE	10. CT	TY OR TOWN	OF DEATH		SPITAL, NURSING HOA		ER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF FOR MOST OF WORKING LIFE)	WORK 176 KIND OF BUSINESS OR INDUSTRY
	ZHKUP //		rt How		Fort	Howard Mary	land		Cement Finisher	Priceless Inds.
1201	ANY DEL IND 3 TO RETAIN P OULD BE ECORDS.	13a S		136. COUN	ROTHER INSTITUTION, G LY Limore	13c. CITY OR TOWN Edgemere		13d. INSIDE CITY LIMITS? YES NO 3	13e STREET ADDRESS 3018 Delmar A	ve. 21219
9	22, P	14. FA	THER'S NAME					15 MOTHER'S MAID	FNNAME	
E, N	EST.	(Cecil		MIDDLE	Pearson		Etta	MIDDLE M.	Sloan
MO	A S S S S S S S S S S S S S S S S S S S		VAS DECEASE	DEVER IN U.S. ARA	AED FORCES?	166 SOCIAL SECUR	ITY NO.	17. INFORMANT	ADDRESS	
ALTI	AFTER INCE PA H FOR ISION		IO	(IF YES, GIVE	NAK OK DATES)	409-04-68	304	Etta M.	Arrington 3018 De	elmar Ave.
	WIT WIT					for (a), (b), and (c).)			•	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
N SI	ENG T		PARTIDE	ATH WAS CAUSED	E CAUSE (o)	wo merse	on	and allo	whing	
STO	N 24		9/10	1	DUE TO, OF	R AS A CONSEQUENCE	OF			
84	A A L H			ns, if ony, which se to immediate	(b)	, de			V	
*	OR TREE		cause (a lying cou	stoting the under-	DUE TO, OF	R AS A CONSEQUENCE	OF			
. 20	S A S N	6			(c)					
RDS	X X Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z	7	PART 2 OTHER SI	GNIFICANT CONDITIONS	ONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TE	MINAL DISEAS	E OR CONDITION GIVEN IN PA	IRT 1 (a)	
RECORD	WENDER WENDER	TOT	10. DATE OF	OPERATION	Ties COND	ITION FOR WHICH OP	BATIONIVA	AC DEBLODATED?		20 AUTOPSY?
M	SE HE PARTE	ICA ICA	198 DATE OF	OPERATION	IVE COND	ITION FOR WHICH OP	RATION W	AS PERFORMED?		
Z	R S S S S S S S S S S S S S S S S S S S	E	71a EXTERNA	ALCAUSE WAS	21b. TIME	NNILIRY	21c Ho	OW INJURY OCCURRE	D LENGER ATURE OF MORY NITEM 18 PART	YES NO
ON	SHEET STATES	MEDICAL CERTIFICATION	UNDERLYING	OR	MOUSE	MONTH DAY YE	AR T	Houman	while Risking	
DIVISION	PR P	DIC	21d INJURY	NG CAUSE OF D		A. 19 OF INJURY (ATHOME,	21f LO	CATION	4	
DIV	NRDE SCE	W	WHILE AT WORK	NOT WHILE	Ches	CTORY, FARA ETC BAN	FT	Howard P	ack. Fit. Howard,	Md. 21052
	RWARWAR STA				a a Caba sama inc da	scribed obtive, held on	Autop		X	my opinion
	A SEPHAN		deoth result		ol causes .		ouicide	sy	Undetermined monner .	A .
	KEC BE		geom resuit	ed from: Natur	or couses	A Comment	orcide	WILE (SPECIEY)	Orderermined morner	8/11
	E WALDER		ACTUAL SIGNATURE	V. Cio	Han C	Genova		o Deputy	MEDICAL EXAMINER	DATE SIGNED 7787
	OR SEA				00 1 1 6	110		0115	7 1. No. 4	D. AL 112/22
	TO MEDICAL EXECUTE THE PAGE 4 SHO TO FUNERAL AFTER DEATH BALTIMORE,	-		NAMET.CAO	SSAN C	HONOVAN		ADDRESS LILE	Dungalk Mor.	Det 10. 194. 1-22
	TASTAS.	23a.B	URIAL, CREMA	TION, REMOVAL 2	3b DATE	23¢ NAME OF C			23d LOCATION CITY OR TOWN	COUNTY STATE
	0.0	1	Bur	ial 8	3-8-87	Holly	/ Hill		Baltimore Ma	ryland

ryland

DHMH - 17 (VR A15 ME (5)) 20M 4/82

Duda-Ruck Funeral Home of Dundalk 24. FUNERAL DIRECTOR 7922 Wise Ave. Dundalk, MD

250 DE REC'D BY REGISTRAR 755 REGISTRAR'S SIGNATURE

A Company of the second of the

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
CERTIFICATE OF DEATH	

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60	la	9	6.2	

63	836	AUG	3 2	618	FOR STATE REGISTRAR			DEP		OF HEALTH AND MENTAL H	YGJENE / 2	2 3 3 7
4 3.4					CEASED NAME	FIRST	A	MIDDLE	1	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	96 3	-		line	OK PRINT)	A.	CA	RROLL	SMI	TH	August 20, 1	.987 _M
	1 8	0		3 SEX			4 RACE			TE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	FUNDER I YEAR IF UNDER 24 HRS.
7+1	9 ag	0			Male		Whit	e		arch 13, 1906	81 y	RS.
	4 5	1	2		RTHPLACE (STATE ORF	ORE IGN	76. CITIZEN OF	WHAT COUN	TRY? 8	RRIED NEVER MARRIED	9 BALTIMORE CITY OR COU	NTY OF DEATH
	1 8	3			Maryland		U.S.		WID	OWED DIVORCED [Baltimore (
10	n offer by the f	1	0		Towson		(IF NOT IN SUC 1572	Cott	age La	ine	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) Surveyor	12b. KIND OF BUSINESS OR INDUSTRY
ND 212	24 hou	3	5	13a. S	AL RESIDENCE (IF NURS TATE laryland	136. COUN		130. CITY OR TOWS	TOWN	134 INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP C 1572 Cottage	CODE Lane 21204
25	1 1	門当	2	14. FA	THER'S NAME		MIDDLE	IAS	t	15. MOTHER'S MAIDEN	NAME	
MAR	2	KI	0		Joseph		A.	Sm	ith	Mary	L.	Shields
# /	1	113	1		VAS DECEASED EVER		E WAD OR DATES	166. SOCIAL			ADDRESS	
JI W	27	MAI	/		Yes	WW	II	217-26	-0136	Kathy S. Ca	leb Same as #13	
F. BAL	4	movde.			18 CAUSE OF DEATH PART 1. DEATH W	AS CAUSE	ily ane cause per D BY: TE C AUSE (a)	Metal total	1 2 5 c	tic Carcin	sme.	BETWEEN ONSET AND DEATH
35, 201 W. PREST	wires that the dear	e burial, cremation ury, or other froum		THEATION	Conditions, if any, gave rise to imm cause (a), statin underlying cause PART 2. OTHER SIGN	g the last	(c)	R AS A CONS			rminal disease or condition	GIVEN IN PART 1(0)
AL RECORD	he law req on. has been	ene prior to	9		19a DATE OF OPERAT	ION	1% CONDI	ITION FOR W	HICH OPER	ATION WAS PERFORMED		F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO
DIVISION OF VITAL	SICIAN, T	ental Hyg		MEDICAL CER	216. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER NOTIFY MEDIC	AUSE OF DEA	HOUR A.	m, month m,	DAY Y	19	URRED (ENTER NATURE OF INJURY IN ITE)	A 18 PART 1 OR PART 2)
DIVISIO	SAD PHY attenda	im ocd N orked or		MED	21d INJURY OCCURE WHILE NOT WH AT WORK AT WOR	NE		REET, FACTORY, O		211 LOCATION SIREET	CITY OR TOWN	COUNTY STATE
	ATTE 4D Sspirto	of Hea			220.1 certify that (1) saw the decease abov	d aliveren	8-	12	19 8	, and that in (aur) apınic	an death occurred an the date and	
	the he	ate Dept T. If Iten			22b. SIGNATURE	wto	tor	mr	1	DEGREE ATTENDING PHYSICIAN		22c. DATE SIGNED 8 -21 -87
	d by	TAN		224. PHYSICIAN'S NAME (TYPE OR PRINT) 226. ADDRESS								
	toine D FU	with the Sta	1		Robert	Stone	er, M.D.		133.	120 Sister	Pierre Drive S	Suite 506
	OT OT	% 3 ≧"		23a E	URIAL, CREMATION,	REMOVAL	23b. DATE		23c NAME	OF CEMETERY OR CREMATOR	Y 23d LOCATION	COUNTY STATE
	BP			I	Burial	CUM	8-24-	-87	Dula	ney Valley		le, Balto., Md.
	DUMAN 1A	6084 7 /	9.4	24. FU	INERAL DIRECTOR				1050	Vork Pond 250. D	PATE REC'D. BY REGISTRAR 250 RE	GISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

Ruck Towson Funeral Home, Inc.

TO HOSPITAL

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

63569

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGENE
CERTIFICATE OF DEATH

2 2

STATE 13b. COU	MARGARET 4. RACE WHITE 7b. CITIZEN OF WHAT COUNTRY: U.S.A. 11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE 9710 RED CLO	S DATE OF BIRTH MAY 25 8 MARRIED N WIDOWED X	5 1914 EVER MARRIED	20 DATE OF DEATH AUG 6. AGE (INVEARS LAST BIRT 73 9 BALTIMORE CITY OF	YRS	1987 UNDER ! YEAR	26 HOUR F. O.S. N IF UNDER 24 HRS HOURS MIN.
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STATE 13b. COU		T ADDRESS)		170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF HOMEMAKE	WORKING LIFE)	126 KIND OF INDUSTRY	BUSINESS OF
	OTHER INSTITUTION GIVE RESIDENCE BEFOR 13c. CITY OR TOV LTIMORE BALTI	MORE YES	NOM	13e.STREET ADDRESS / 9710 REI		ÆR CT	. 212
ARCHIBALD			THER'S MAIDEN NAM	MIDDLE		SPI	TZNAG
	E WAR OR DATES						
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		AY YEAR 21c HC	OW INJURY OCCURRE	YES NO			NO []
(IF EITHER NOTIFY MEDICAL EXAMINER	P.M.	19					
WHILE NOT WHILE AT WORK			STREET	CITY OR TOW	IN	COUNTY	STATE
sow the deceased alive on	7 -23 19	57, and that in	(my) (our) opinion de	_, to	te and hour o		not (I) (we) lost
77h SIGNATURE	the body after death.	DEGREE		STOP I LAN		M. DATE SE	GNED S S 7
			DDRESS		"	110 0	102.0
					nue,	MD 3	1050
URIAL, CREMATION, REMOVAL SPECIFY)		GARDENS	Y OR CREMATORY	23d LOCATION		OUNTY	STATE
	AS DECEASED EVER IN U.S. AR (IF YES, GIV NO 18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if ony, which gove rise to immediate Cause (a), stoting the underlying couse lost PART 2 OTHER SIGNIFICANT (190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OF COURRED WHILE NOT WHATE AT WORK AT WORK 22d. PHYSICIAN'S NAME [TYPE O HARVEY S. MISS 22d. PHYSICIAN'S NAME [TYPE O	VAS DECEASED EVER IN U.S. ARMED FORCES? 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), a) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) DUE TO, OR AS A CONSEOU Conditions, if ony, which gove rise to immediate Cause (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO 190. DATE OF OPERATION 190. DATE OF OPERATION 190. CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE AT WORK 21d. PART 2. 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MONTH DAY YEAR P.M. 19 12d INJURY OCCURRED 21e PLACE OF INJURY (A) HOME STREET, FACTORY, OFFICE FARM, ETC.) 12d INJURY OCCURRED 31 (b) HOME STREET, FACTORY, OFFICE FARM, ETC.) 12d LOCATION 11d CONTRIBUTION 11d Howe STREET, FACTORY, OFFICE FARM, ETC.) 12d PHYSICIAN'S NAME (TYPE OPPRINT) 17c ADDRESS 12d ADDRESS 100 WARRENED STREET FINANCIAL PHYSICIAN SNAME (TYPE OPPRINT) 17c ADDRESS 12d ADDRESS 100 WARRENED STREET FINANCIAL PHYSICIAN SNAME (TYPE OPPRINT) 17c ADDRESS 100 WARRENED STREET FINANCIAL PHYSICIAN SNAME (TYPE OPPRINT) 17c ADDRESS 100 WARRENED STREET FINANCIAL PHYSICIAN SNAME (TYPE OPPRINT) 17c ADDRESS 100 WARRENED STREET FINANCIAL PHYSICIAN SNAME (TYPE OPPRINT) 17c ADDRESS 100 WARRENED STREET FINANCIAL PHYSICIAN SNAME (TYPE OPPRINT) 17c ADDRESS 100 WARRENED STREET FINANCIAL PHYSICIAN SNAME (TYPE OPPRINT) 17c ADDRESS 100 WARRENED STREET FINANCIAL PHYSICIAN SNAME (TYPE OPPRINT) 17c ADDRESS 100 WARRENED STREET FINANCIAL PHYSICIAN SNAME (TYPE OPPRINT) 17c ADDRESS 100 WARRENED STREET FINANCIAL PHYSICIAN SNAME (TYPE OPPRINT) 17c ADDRESS 100 WARRENED STREET FINANCIAL PHYSICIAN SNAME (TYPE OPPRINT) 17c ADDRESS 100 WARRENED STREET FINANCIAL PHYSICIAN SNAME (TYPE OPPRINT) 17c ADDRESS 100 WARRENED STREET FINANCIAL PHYSICIAN SNAME (TYPE OPPRINT) 17c ADDRESS 100 WARRENED STREET FINANCIAL PHYSICIAN SNAME (TYPE OPPRINT) 17c ADDRESS 100 WARRENED STREET FINANCIAL PHYSICIAN SNAME	ASDECEASED EVER IN U.S. ARMED FORCES? 18 SOCIAL SECURITY NO. 213-20-7739 DENIS T. SMITH (SON) SAME ADD 18 CAUSE OF DEATH LEnter only one couse per line for tal, (b), and (c). MANDIATE CAUSE (b). DUE TO, OR AS A CONSEQUENCE OF (c). DUE TO, OR AS A CONSEQUENCE OF (d). DUE TO, OR AS A CONSEQUENCE OF (e). PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 196. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 198. ACCIDENT WAS UNDERLYING OR CONTRIBUTING (CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR 196. ELHER NOTIFY ADDICAL EXAMINES) 216. TIME OF INJURY 216. INJURY OCCURRED 216. TIME OF INJURY 216. INJURY OCCURRED 217. INCATION STREET CITY OF TOWN COUNTY APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION APPROXIMATION (b). DUE TO, OR AS A CONSEQUENCE OF (c). DUE TO, OR AS A CONSEQUENCE OF (b). DUE TO, OR AS A CONSEQUENCE OF (c). PART 2. OTHER SIGNIFICANT CONDITION GIVEN IN PART 1 to 198. IF YES, WERE FINDING IN INCERTIFYING CAUSES OF YES INDING INCERTIFY INCERTIFY INCERTIFY INCIDENT INTERNITY IN ITEM 18. PART 1 OR PART 2). 216. HOW INJURY OCCURRED 217. INCOMPRESSION AND

(VRA 15, 4)

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FOR STATE REGISTRAR

AUG

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYCHENE

CERTIFICATE OF DEATH

REG. NO.

deoth deoth		CEASED NAME OR PRINT)	BERNAR O	D MIDDLE MI	LEFORD ろ	SMITH, SR.	20 DATE OF DEATH	MONTH DAY	.87.4	441 A
Tal director po		Mole RTHPLACE (SLATE OR F COUNTRY) CTY Land	OREIGN 75 CITIZE	White NOF WHAT CO	S. DATE MONT	DAY YEAR 15 DE NEVER MARRIED	9 BALTIMORE CITY O BALTO.	YRS.	VIHS DAYS H	FUNDER 24 HI
158		TOWSON	/. (IF NO	T IN SUCH FACILITY G	NURSING HOME (RIVE STREET ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPATE Retired — C		126 KIND OF E	BUSINESS
filled ould be	050. 130.5 Ma	AL RESIDENCE (# NURS TATE Tryland	ING HOME OR OTHER INST 136 COUNTY Baltimore	134 CITY Balo	nce before admission) OR TOWN IWIN	134. INSIDE CITY LIMITS?	130 STREET ADDRESS 13324 For	ZIP CODE K Rd.	21	.013
	14. FA	Militord	MIDDLE	Smi	íth	13. MOTHER'S MAIDEN NA Caroline	K.		Plagem	ıan
and c	16a ∨ Y€	VAS DECEASED EVER	IN U.S. ARMED FOR		-03-1034	Amelia M. Sn	nith - same			
mont, the		18 CAUSE OF DEAT PART I. DEATH W	H (Enter only one cor AS CAUSED BY IMMEDIATE CAUSE		1, (b), and ichi	Shock			BETWEEN ONS	SET AND DEA
signed by the atternent please remave of buriol, cremotian, jury, or other troum	Z	Conditions, if ony, gove rise to imm couse (o), statin underlying couse PART 2 OTHER SIGN	nediate ig the DUE lost.	TO, OR AS A CO	Uning A	Acy Distase				hys.
permit. T	MEDICAL CERTIFICATION	19a DATE OF OPERA	TION 19b	CONDITION FOR	WHICH OPERATION	ON WAS PERFORMED	200 AUTOPSY?		VERE FINDING	
After this certificate e as the burial-transit sith and Mental Hygin marked or Item 18 sho		21a. ACCIDENT WAS UNION OR CONTRIBUTING OF CONTRIBUTING OF CURL (IF EITHER NOTHEY MEDION OF CURL WHILE NOT WHAT WORK NOT WORK AT WOO 22a.1 certify that (I)	CAUSE OF DEATH CALEXAMINER) RED 21e 1 11.E	P.M. PLACE OF INJURY OME STREET FACTOR	Y, OFFICE FARM ETC.)	21. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU		COUNTY	STATE
lERAL DIRECTOR. Se detached for us. State Dept. of Hec. ANT: If Item 21 is r			and alive on did) (did not) view th			nd that in (my) (our) opinion DEGREE ATTENDING		ote and havi a	nd from the co	uses state
TO FUNER should be d with the Sto	23a	Robert BURIAL, CREMATION,		HANICI		St. Joseph B	234 LOCATION			
	Вι	rial		22-87	St.Joh	n's Long Green			alto.	Mď
I - 16 60M 7/B4 VRA 15 4)		ick Towson	Funeral H		J50 York Towson	Rd. 25 0m/	REC'D. BY REGISTRAR		R'S SIGNATUR	-

Kentuckly works to be

MARKET PROPERTY FOR THE RESIDENCE OF THE PARTY OF THE PAR

061515

STATE OF MARYLAND

Julia Tender Frederica

1 8 8 2	.]	FOR STATE REGISTRAR			DEP		HEALTH AND M		ENE /	REG. NO	de la	0			
1		EASED NAME	FIRST	٨	AIDDLE		LAST		20 DATE OF	DEATH	MONTH	DAY	YEAR	2b HOU	R
1			EDITH	E			1ITH		ACE ONLY)8	01	87 DER I YEAR	1:50	JAV
1	3. SEX	Female		4. RACE 5. I			OF BIRTH	06	80	EAN2 LAST BIKT		MONTH		HOURS	MIN.
1		THPLACE (STATE OR	FOREIGN 7	Th CITIZEN OF		ITRY? 8	D NEVER AA	ARRIED 🗆	BALTIMORE CITY OR COUNTY OF DEATH						
5		Md.		US	717	WIDOW	ED DIV	ORCED	BALTIN						ME
		Y OR TOWN OF DE.		I IF NOT IN SUC		ORTH CH	OR OTHER INSTI	TUTION	House			LIFE) IN	KIND C DUSTRY	F BUSINE	SS OR
5	USU AI 13a. ST	RESIDENCE IF NUR	136 CBUN	Ito.	130. THE		134 INSIDE CIT	TY LIMITS?	13e STREET A		ZIP CO	-	e ×	12	09
5	14 FAT	HER'S NAME		A.Rose	LAS	1		MAIDEN NAM IRST Fannie		MIDDLE			arre		
		AS DECEASED EVER	IN U.S. ARA		166 SOCIAL	SECURITY NO.	17 INFORMAN			ADDRE	\$21		-	spri	ng
		No			213-1	2-9466	Cnarl	otte C	wens	Smit	h		L	ne	
		PART I. DEATH V	VAS CAUSED IMMEDIATE	E CAUSE (0)	R AS A CONS	ENAL FA	LURE FUNCTIO	N					2 DA	MATE INTER ONSET AND YS	DEATH
		gave rise to im couse (a), stati underlying coust	ng the e last.	(c) A	R AS A CONS	SEQUENCE OF	3		NAL DISEAS	E OR CONI	NOITION	SIVEN IN	PART 1	0	
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE													
)	CERTIFICATION	7/29/87	TION	19b. COND	7. 5 - 11		ON WAS PERFOR	RMED	200 AUTO	NO	IN CER			OF DEAT	TH?
7		210. ACCIDENT WAS UN OR CONTRIBUTING [CAUSE OF DEAT	21b. TIME O HOUR A.	FINJURY M. MONTH			URY OCCURR	ED (ENTERNA	TURE OF INJUR	IY IN ITEM T	8 PARTIC	PART 21		
	MEDICAL	21d. INJURY OCCUR	THUE	21e PLACE		OFFICE FARM, ETC.)	211 LOCATIO STREET	N		CITY OR TO	WN	C	OUNTY	S	STATE
		27a. I certify that (II (this hospital) attended the deceased from													
		27b. SIGNATURE	In C	lillis	NO		P	ITENDING HYSICIAN [MEDICAL DIRECTOR	STAF	F IAN 📉		PAL DATE	SIGNED 87	
	0.11	CAROLYN				1156	22e ADDRESS	C70	1 NORT	н сна	RLES	ST			
		URIAL, CREMATION	, REMOVAL	23b. DATE		230 NAME OF	CEMETERY OR C	REMATORY	23d LOCA	ORTOWN		COL			STATE

Chatman-Harris FR 1701 McCulloh Street

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT: If them 21 is marked or them 18 shows any injury, or other tro

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE / CERTIFICATE OF DEATH

	-	- (7)
REG.	NO.	

	1-	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTA	-	NE / REG. N	2 2	5 4	
	(14rPE	FRAN	RANCES	I.	رانی	SMITH		8/25/	87.	AY YEAR	12:30 ^a
	3 SEX	Female	4 RACE	hito	S. DATE C		AR .	AGE (IN YEARS LAST BIR	YRS.	FUNDER I YEAR	IF UNDER 24 HRS HOURS MIN,
1		THPLACE (STATE OR FOREIGN DUNTRY) MD •	76. CITIZEN OF	SA	MARRIE	NEVER MARRIE	ED '	BALTIMORE CITY O			MD.
	1	BALTIMORE	ST. J	OSEPH HOS	PITAL	OR OTHER INSTITUTION		20. USUAL OCCUPATION OF SUPERVISOR	R-SALES	INDUSTRY	F BUSINESS OR
1	130. S	MD. BALTI	1TY	13c. CITY OR TOW BALTIMO	N	13d INSIDE CITY LIM	X	TAX DIVIS SESTREET ADDRESS 2414 WELL	ZIP CODE	E DR. A	21234 PT. D
7		THER'S NAME FIRST ALBERT	MIDDLE H.	BÔOTH	I	15. MOTHER'S MAID FILEA		MIDDLE		WEIR	T
		(AS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN) (IF YES, GIV NO	MED FORCES? E WAR OR DATES)	216-03	- 33S	CARROLL	E. S	ADDRE		SAME AD	DDRESS
		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA) Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OF	Ine for (a), (b), one R AS A CONSEQUE R AS A CONSEQUE	ca NCE OF NAME	rdino	is is	farct	in)	APPROXU BETWEEN C	MATE INTERVAL INSET AND DEATH LU LU LU LU LU LU LU LU LU L
	CERTIFICATION	PART 2. OTHER SIGNIFICANT OF THE PART 2. OTHER SIGNIFICANT OF THE PART OF T			1	NOT RELATED TO TH		200 AUTOPSY?	20b. IF YES,	WERE FINDIN	IGS USED
	MEDICAL CER	?) 0. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY (OCCURRED	ENTER NATURE OF INJUI			
	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE ((AT HOME STR	OF INJURY BEET, FACTORY, OFFICE, EA	ARM, ETC)	211 LOCATION STREET		CITY OR TO	wn /	COUNTY	STATE
		220.1 certify that (1) (this hospi saw the deceased alive on above, (1) (ye) (did) (did no			₹}, or	nd that in (my) (our) o		, to oth occurred on the do	-		that (I) (we) last couses stated
		22b. SIGNATORE	i di	loon,	ma	ATTEND PHYSIC	DING CIAN	MEDICAL STAI	FF IAN 🗌	8/2	SIGNED /S }
		S. G. W	ilson,	M.D.		22e. ADDRESS					
	F	URIAL, CREMATION, REMOVAL PPECIFY) ENTOMBMENT	23b DATE 8/28/8	87 P	ARKWO	OD MAUS.		BALTIMO		COUNTY	MD.TATE
	24 FU	3331 Brehms La	RAL HOM ne, Bal	E, INC. 2	1213	2	AUG .	2 8 1987	1 00 1	PAR'S SIGNATI	URE Pandallo

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

- STATE REGISTRAR REG. NO. DECEASED NAME MIDDLE 20 DATE OF DEATH 2b HOUR HARRY R. SMITH 1987 August 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) 4 RACE MONTH Male White 1906 12 Jan. To. BIRTHPLACE I STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Pennsylvania United States Baltimore County. WIDOWEDIX DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 12h, KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY 8 Pavia Court Mechanic Automobile Baltimore USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE SEFORE ADMISSION)
130. STATE
130. COUNTY
131. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? 8 Pavia Court - 21237 Maryland Baltimore Baltimore 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Unknown William Smith Laura 17 INFORMANT ADDRESS. 160 WAS DECEASED EVER IN U.S. ARMED FORCES 16h SOCIAL SECURITY NO 163-12-8549 Carl E. Smith 3549 Edwards Lane Baltimore, MD No 18 CAUSE OF DEATH (Enter only one cause per line for to . (b), and ic PART I, DEATH WAS CAUSED BY ance astic Careinona it Bi'lliary Obstruction A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 NO CERTIFICAT 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX 710 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) PM 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM, ETC) CIPERT NOT WHILE 220 1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on_____ above, (I) (we) (did) (did not) and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 226. SIGNATURE 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 21 AUG 87 THE PHYSICIAN'S NAME (1779 OF PROCE 22e ADDRESS 1305 Fallston Road Fallston, MD Murli Narain Mathur, M.D. 21047 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL (SPECIFY) Peach Bottom Twp., York, PA 8/25/87 Bryansville Cemetery Burial 24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84

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(VRA 15, 4)

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Harkins Funeral Home, Inc. 600 Main St. Delta.

20M 4/82

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR			CERTII	ICAIL OI DEATH	REG. NO			1
		CEASED NAME FIRST		MIDDLE	L	AST.	20 DATE OF DEATH	AONTH DAY	YEAR	2b. HOUR
	(TYPE	Tren	e	Kearny	200	2,40		8 6	81	10 AM
	3. SE)	(4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTH		INDER I YEAR	
	-2	Female	W	hite	MONTH	- 8 - 10	76	YRS	INS DATS	HOURS MIN.
	Jo. BII	RTHPLACE (STATE OF FOREIGN Jersey	76 CITIZEN OF	WHAT COUNTRY	(? 8.	D NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF	DEATH	
		NIN	U	ISA	WIDOWE	DIVORCED [Ce). Bal	to.Co	MD.
are .	M CI	TY OR TOWN OF DEATH		HOSPITAL, NURS		OR OTHER INSTITUTION	120 USUAL OCCUPATION		12b. KIND (OF BUSINESS OR
	_	TOWSON	5	-, JOS	EPH_	HOSP.	H∙memak		INDUSTRI	
-	13a S	AL RESIDENCE (IF NURSING HOME OF	VTY	13c. CITY OR TO	WN	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS /			
1	Mai	ryland Ba	ltimore	Towson	1	YES NO	205 E. Joi	opa Roa	ıd	21204
7	H FA	THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	ME MIDDLE		ĮA.	st
(/	Joseph	F.	Kearny		Catheri	ne	Mo	cClar	
,		VAS DECEASED EVER IN U.S. AR		166 SOCIAL SEC		17. INFORMANT	ADDRES	S		21212
	()	(IF YES, GIV	E WAR OR DATES)	214-03-	6849	Robert J.Smi	th 6 Murray	Hill C	ircle	Bal.Md.
		18 CAUSE OF DEATH (Enter or	ly one couse per	line far (a k (b), c	and ici. La	1	1 1		APPROX	XIMATE INTERVAL I ONSET AND DEATH
	201	PART I. DEATH WAS CAUSE	D BY:	enol 6	=3:1U	re du fe de	Nenhruse	OWKS	10	415.
)	ř -	IMMEDIA								1
		Canditians, if any, which	1	R AS A CONSEQ	UENCE OF					
		gave rise to immediate) 16)—					7/10/11		
		cause (a), stating the underlying cause last.	DUE TO, O	R AS A CONSEQ	UENCE OF					
		PART 2 OTHER SIGNIFICANT	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR COND	ITION GIVEN	IN PART I	
	NO.	, and a strict of the state of	CONDINONS CO	SI VI KIBO TI VO IS	DEATH DOT	MOTRECATED TO THE TERM	IVAE DIGEAGE ON COND	IIION ON LIN	II V PART TI	
1	CERTIFICATION	190 DATE OF OPERATION	19b. COND	TION FOR WHIC	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, W		
(TIFIC						YES T NO	YES T	_	S OF DEATH?
	CER	210. ACCIDENT WAS UNDERLYING				21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	IN ITEM TE PART	OR PART 2)	
1		OR CONTRIBUTING CAUSE OF DE	1111	M. MONTH	DAY YEAR					
	MEDICAL	21d INJURY OCCURRED	21e. PLACE		17	211. LOCATION				
	M	WHILE NOT WHILE D	(AT HOME, STR	PEET, FACTORY, OFFICE	E, FARM, ETC)	STREET	CHAOLION	N	COUNTY	STATE
		22a.1 certify that (1) this hospi	tal) attended th	e deceased fram	1	19 86	- ta 8 ~ 6	2 19.	87	that (II) (we) last
		saw the deceased alive on abave (ii) (we) (did) (did no	\$	1 -	U- 00	nd that in (ny)(our) opinian o	death accurred on the da	e and have ar	nd from the	causes stated
		22b. SICNATURE	1) view the bady	after death.		DEGREE			22c DATE	SIGNED
		(Bluss	MIN	~		ATTENDING	MEDICAL STAF	AN \square	8-	6 81
1		224 PHYSICIAN'S NAME (TYPE	PRINT)	2. 1	~				100	0.10.011
/		BUBERT 1:	, 500	mer, N	11),	Luite 506	120 Sinter	PIPMY	eUp	21.004
_	23o B	URIAL, CREMATION, REMOVAL	23b DATE	230	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION			
		SPECIFY) Burial	A118 . 8	1987		lol Dadoom	D CITY OR TOWN	C	OUNTY	STATE

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO HOSPITAL

BP.

IMPORTANT: If Hem 21 is morked or Hem 18 shows any

Most Holy Redeemer

Balto.City

Md.

24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Mitchell-Wiedefeld Home 6500 York Rd.Bal.Md

AUG 1 3 1987

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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGJENE

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58	AUG	STATE RECEST BY				ATE OF DEATH	REG. N			1	
		CEASED NAME OR PRINT) Har	MARI-ARE	MIDDLE \$	mith (AST	SMITH	20 DATE OF DEATH	tug. 9	, 1987	455p	
3	SEX	Female	Cauc		5. DATE OF I	BIRTH 16 1892	6 AGE (IN YEARS LAST BI	YRS	ONTHS DAYS	HOURS MIN.	
33		RTHPLACE (STATE OF FOREIGN OUNTRY)	TUSF.		WIDOWED [ORCED COUNTY			MI	
0		Towson	Stell	a Maris	Haspice	OTHER INSTITUTION	(TYPE OF WORK FOR MOST ON HOUSEkee)	F WORKING LIFE	INDUSTRY	BUSINESS OR Lement	
3	13a. S	Md. B	ALTIMOR	Baltimo	re 13	6. INSIDE CITY LIMITS?	13e.STREET ADDRESS		ve. 21	1206	
50		THER'S NAME FIRST Gwen	MIDDLE	Curley		MOTHER'S MAIDEN NAM	WIDDLE		rvey		
			ARMED FORCES? S GIVE WAR OR DATES)	220- 12-		Eugene W. Sm	ADDR 11.th -5558		4	21229	
	ATION	Conditions, if ony, which gave rise to immediate couse 101, stating the underlying cause lost PART 2 OTHER SIGNIFICA	DUE TO, C	DR AS A CONSEO		TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 120a AUTOPSY? 120b IF YES, WERE FINDING					
9	CERTIFICATION						YES NO	YES		NO [
/ 1/2	MEDICAL CE	21a. ACCIDENT WAS UNDERLYTH OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXA 21d. INJURY OCCURRED	MINER) HOUR A	OF INJURY	DAY YEAR 19	It. HOW INJURY OCCURE		U ***	COUNTY	STATE	
	W	WHILE NOT WHILE AT WORK 220 I certify that (I) (this I		he designed from		STREET 10 (e.S.	to 81		64	nat (i) (we) la	
51.7		saw the deceosed oliv obave, (I) (we) (did) (di	e an 8	1 5 19.	120	that in (my) (our) opinian o					
T: If Ren		226. SIGNATURE		,	DE	ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN []	Aug.	9,87	
MPORTANT		22d PHYSICIAN'S NAME (ruda, M	D.		2. ADDRESS Skula Maris Ho	spice Dulane	y Val. Re	1. Tows	on 2120	
	- (SURIAL, CREMATION, REMO SPECIFY) 171a1	23b. DATE 8-12		NAME OF CEA	METERY OR CREMATORY nedral Cem.	23d LOCATION CITY OF TOWN Balto.		COUNTY	ST Md	
/B4	24 FL	INERAL DIRECTOR NAME ICK Towson Fu		1050	York Ro	250 DAT	E REC'D. BY REGISTRAF	1 / 4	AR'S SIGNATU	A	

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STATE OF MARYLAND

885	i Au	G	4-	STATE REGISTRAR		DUANT		ICATE OF DEATH	REG. 1	40 ¹	-	
, 0 0	11.1		DEC	EASED NAME FIRST		MIDDLE	l l	AST	20. DATE OF DEATH			2h HOUR
be o	fler deoth		(TYPE	MOYY!			501	omon		8-	21-87	755am
4 по	le le			MALE	A RACE WHI	TE	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST B		ONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
90	de safe			CUST 10, 1904		93	AUG.	18, 1904	83	YRS		
4 7	2 hold			THPLACE (STATE OR FOREIGN	7b. CITIZEN OF	WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY	OF DEATH	
deat	- CoL				USA		WIDOWE	DIVORCED	BALTIMO			MD
ofter o	Pa	4		Y OR TOWN OF DEATH		HOSPITAL, NURSIN		HOSP •	120 USUAL OCCUPA	OF WORKING LIFE)	INDUSTRY	F BUSINESS OR
210	1	4	ISLIA	L RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE REFORE	ADMISSION		TRUCK DR	IVER	TRANS	SPORTATION
24 ho	2 8	5	30. S	TATE 136 COUN	ITY	13c. CITY OR TOW	N	136. INSIDE CITY LIMITS?	13e STREET ADDRESS 4050 CART	ZIP CODE	1 #21	1133
hin .			_	MARYLAND BAL	10.	RANDALLS	PIOMIN	15 MOTHER'S MAIDEN NAM		IIAGE ICE	7. #ZI	1133
d with	1	3/1	1		MIDDLE	SOLOMON		LIZZIE	MIDDLE	/	ROSEN	5610
otho	UM	ď	60 W	AS DECEASED EVER IN U.S. AR.		166 SOCIAL SECU	RITY NO.		SEV ADENTRE	15/2	SEN	1 1-41
exe	9 1	6		WAS DECEASED EVER IN U.S. ARMED FORCES? ISB. SOCIAL SECURITY NO. 17 INFORMANT BETSEY ARENBERG YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 2/5-0/-0704 9016 EARLY APRIL WAY COLUMBIA							A. MD 2	21046
e pe	W	1	=							011011011		IMATE INTERVAL ONSET AND DEATH
ficat	dia			18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	D BY	Condan	Inc	elas ac	cident		BETWEEN	DNSET AND DEATH
E		3		IMMEDIAT		0.70.0	2000	401				
4to				Conditions If you which	1	R AS A CONSEQUE	NCE OF				Ve Te	
e d	motion.			Conditions, if any, which gove rise to immediate) (b)—							
to +	crer crer			cause (a), stating the underlying cause last	DUE TO, O	R AS A CONSEQUE	NCE OF				1000	
the se	priod,	1		PART 2. OTHER SIGNIFICANT O	ONDITIONS CO	ONTRIBUTING TO F	FATH BUT	NOT PELATED TO THE TERM	IN AL DISEASE OF COL	NDITION GIVE	N IN PART 1	
aduir	Then to b		No.	TAKE 2: OTHER SIGNAL PEARLY	0110110110	SITTRIBOTHEO TO 1	ZEATH BOT	NO RELATED TO THE PERM	MAR DISEASE ON CO.	1011011011	IN INT AKT TI	
3	mit.	0	CERTIFICATION	19a DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES,	WERE FINDIN	NGS USED
he lo	t per	4	TE						YES NOT	YES	ING CAUSES	NO [
Z. T	Hygi 8	\neg	CER	210. ACCIDENT WAS UNDERLYING		F INJURY M. MONTH DA	V VEAD	21c HOW INJURY OCCUR	RED (ENTER NATUR OF IN.	URY IN ITEM 18 PAR	RT I OR PART 2)	-1-1-1-1
CIAI	and and	1	AL	OR CONTRIBUTING CAUSE OF DEA	118		19					
HYS	Me Me		MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY		211. LOCATION	CITY OR I	OWN	COUNTY	STATE
Offer	s the		X	WHILE NOT WHILE AT WORK	AT HOME STE	REET, FACTORY, OFFICE, F	ARM ETC)	SINEEL	CITI ON I	044.4		3.77.
NO	se o eolth	9		220.1 certify that M (this hospi	ol) ottended th	e deceased from_	0 -	19 19 8	2, to 2 2	1/	95).	that (I) (we) ast
TTEN	of Ho			saw the deceased glive an above, (1) we (did) (did no	8-2	alter death	5	nd that in (my) (our) apinion o	death occurred on the	date and hour	ond from the	couses stated
R A hosp	hed ten			276. SIGNATURS	I view the body	offer deofn.		DEGREE		,	22c DATE	SIGNED
the of	te Doct			R. (ATTENDING PHYSICIAN	MEDICAL ST.	AFF ICIAN I	8-	21 -87
by by	State det	H		224. PHYSICIAN'S NAME (TYPE O	R PRINT)	-		22e ADDRESS	1	4	1	
HOS	should by with the			Raafat	-0 G	riran		15alt	Imore	Com	My	HESP.
0 per 02	5 4 3 X		23a. B	URIAL, CREMATION, REMOVAL	23b. DATE	23c. N	NAME OF C	EMETERY OR CREMATORY	23d LOCATION			-
BP_	19.4		(RIRTAL		3,1937 B	ETH J	ACOB ANSHE VES	SHEAR ROSE	EDALE	BALTO	. MD
DHAM	16 60M 7/84	1	24 FL			& BROS			E REC'D. BY REGISTRA		AR'S SIGNAT	URE
	A 15, 4)		60	10 REISTERSTOW	J RD. F	BALTO., M	0 21	215 AU	G 2 5 1987	Julia d	Jariden	Randales
		- 1		TO SULLINGTON	111111	7						

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2 REGISTRAR .		CERTIFICATE OF DEATH	REG. NO.	2011
1. DECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
(TYPE OR PRINT)	ae E. Sowa		August 10,	1.987 N
3 SEX	4 RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATE HOURS MIN.
Female	White	July 11, 1923	64	RS MONTHS DATS HOURS MIN.
To BIRTHPLACE I STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COU	NTY OF DEATH
Kentucky	U.S.A.	WIDOWED DIVORCED	Baltimore Co	ounty
Essex 21221	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET 200 Oak Avenu		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN Housewife	NG LIFE) 17% KIND OF BUSINESS OR INDUSTRY
13a STATE 13b CC	OR OTHER INSTITUTION GIVE RESIDENCE BEFOR UNITY 13c CITY OR TOW		13. STREET ADDRESS / ZIP C 200 Oak Avent	ODE 21221
14 FATHER'S NAME FIRST Freder	ick T. Myers	IS MOTHER'S MAIDEN NA	Bryant	LAST
160 WAS DECEASED EVER IN U.S. (YES NO OR UNKNOWN) (IF YES.	ARMED FORCES? 166 SOCIAL SECU	JRITY NO. 17 INFORMANT	ADDRESS	POR RELIGIOUS DE
NO NO	400 28 7	745 Ronald Sowa	a (Husband)	(Same)
Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEOU	Lorsnery catery	leroeis	year
	IT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER/	MINAL DISEASE OR CONDITION	GIVEN IN PART 110
190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		FYES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
OD CONTRIBUTION CALLES OF	DEATH HOUR A.M. MONTH D	AY YEAR 19	RRED (ENTER NATURE OF INJURY IN TIEA	N 18 PART 1 OR PART 2)
OK CONTRIBUTING CRUSS OF THE PROPERTY MEDICAL EXAMINATION OF CURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE	FARM ETC) 211 LOCATION STREET	CITY OR FOWN	COUNTY STATE
sow the deceased alive above (1)(we) (did (did	on 1764 31 19 not) view the body ofter death.		n death occurred on the date and	
22b. SIGNATURE	Terllerlang		MEDICAL STAFF DIRECTOR PHYSICIAN	8-10-87
22d. PHYSICIAN'S NAME (TY	PE OR PRINT)	22e ADDRESS		
23g BURIAL CREMATION, REMOV	A1 23h DATE 23c	NAME OF CEMETERY OR CREMATORY	23d LOCATION	

BP. DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physic should be detached for use as the burial-transit permit. Then please remove carbon pape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TENDING PHYSICIAN: The low

retained by the hospital or

O HOSPITAL

injury, or other troumotic event,

morked or Item 18 shows ony

IMPORTANT: If Item 21 is

(VRA 15, 4)

Burial

Bruzdzinski Funeral Home PA 1407 Old Eastern

8/13/87 - Holly Hill Cemetery Baltimore County Maryland
250 Date RECD. By REGISTRAR 250 REGISTRAR'S SIGNATURE

Trindera Mondalle

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH Q

0642	12	AUG/3	18	FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 2	2 3	40	
p e	e 3	6		CEASED NAME OR PRINT)	ethur		MFR		AST	August 27			HOUR 20a
90%	page 3	10	Arthur B. SPAMER 1 SEX 14 RACE 15 DATE OF BIRTH							6. AGE IN YEARS LAST BIRT	HDAY) IF UNI		JNDER 24 HRS
4	ctor.			Male		White			h 29° 1912				URS MIN.
Bod	dire	01	7a. Bli	RTHPLACE STATE OR FO	OREIGN		WHAT COUNTRY	2 8		9 BALTIMORE CITY O		EATH	
eo th	n 72	27	B	alto., Md.	7	USA			D NEVER MARRIED D	Baltimore	County		MD.
ofter de	y the fur	湯	OSSVILLE 21237			11. NAME OF HOSPITAL, NURSING HOME O LENOT IN SUCH FACILITY GIVE STREET ADDRESS); Franklin Sq. Hospit			R OTHER INSTITUTION	170. USUAL OCCUPATION 17b. KIND OF BUSINE 17b. KIND OF BUSINE			
VD 2120	illed in b	35	130 S	AL RESIDENCE (IF NURSI TATE aryland	NG HOME OR	OTHER INSTITUTION,	GIVE RESIDENCE BEFO	RE ADMISSION)	13d. INSIDE CITY LIMITS?	13. SIREET, ADDRESS	ZIP CODE	2121	3
MARYLAND 2120'	npletely f	The state of the s	14 FA	THER'S NAME	am O	*Spame	LAST		15. MOTHER'S MAIDEN NAME Elisabet			LAST	
ш 5	07	000	16a V	VAS DECEASED EVER			166 SOCIAL SEC		17 INFORMANT		s Meador		7-17
MOM	Page	100	0	(ESNO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	214 03	6858	Walter E. Mc	Nutly Bal	to., Md.	21.222	
N ST., BALTIMOR	ing physicio	a cent, the		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b). Cardiopulmonary Arrest DUE TO, OR AS A CONSEQUENCE OF									
V. PRESTON	the attent	ē 78%%.		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. Conditions, if ony, which gove rise to immediate couse (b). Congestive Heart Failure DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF									
DIVISION OF VITAL RECORDS, 2011	signed by	njury, or oth	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0									
AL RECOR	on. has been	ows ony	CERTIFICATION	19a DATE OF OPERAT	ION	19b. COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED	700 AUTOPSY?	70b. IF YES, WE IN CERTIFYING	CAUSES OF	
OF VITA	g physici ertificate ial-transi	rem 18 sp		710 ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEA	HOUR A.	M. MONTH	DAY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART T	OR PART 2)	
IVISION JG PHYS	attending ter this c	h and Me	MEDICAL	71d INJURY OCCURR		21e PLACE (AT HOME STI	OF INJURY REET, FACTORY, OFFICE	, FARM, ETC }	211 LOCATION STREET	CITY OR TO	07 0	OUNTY	STATE
TENDE	pital ar TOR: Al	of Healt		22a I certify that (H) sow the decease above, (H) (we) (d	d olive on	August	L-1	August	ad that in implicar) opinion	death occurred on the do		. tho	th (we) lost ses stated
A SO IA	AL DIREC	T: If hem		22b. SIGNATURE	Mi	that	13	muer	ATTENDING PHYSICIAN	MEDICAL STAF	F	8/27	1/87
HOSPI	etained by TO FUNER	with the State (22d. PHYSICIÁN'S NA		BRAVE	mp		9000 Frank	lin Sq. Dr.	, 21237		
01	BP	3 2 -	730 E	PURIAL CREMATION,	REMOVAL	18925/	87 Ga	name of c rdens	emetery or crematory of Faith	23d LOCATION Eal timbr	e Co., 9	Md∙	STATE
DH	HMH - 16 6 (VRA 15			JNERAL PRECTOR	Funer	al Home	PA 1407	Fid E		UG 28 1987	25b. REGISTRAR	SIGNATUR	ndall

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0647	7 3 SEP -	4 8	FOR TATE EGISTRAR		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2 2 3 4 9 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.								
	MATERIAL STATE OF THE STATE OF		DECEASED NAME FIRST TYPE OR PRHYT) Marie SEX 4. RACE		Ro	g i na		Change		20. DATE KNOWN OF ESTI-		DAY YEAR 26 HOLE	
	PILES PILES	3 SEX			S DATE OF BIRTH	A AGE (IN YE	Spencer GE (IN YEARS IF UNDER 1 YR. IF UNDER 2		DEATH 4 HRS. 2c. DATE	MATED 1	TUP DAY	928 8 3 PM	
	ONS HE	-		nite	3110		AY) MONTHS DAY		PRONOUN DEAD		-26	,87 73	
-	1185	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland		U.S.	Α.	WIDOWED [OWED DIVORCED DITTER INSTITUTION 120. USUA		Baltimore COUY Baltimore COUY UAL OCCUPATION (TYPE OF WORK MOST OF WORKING LIFE) ecretary				
X	PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE	Baltimore			(IF NOT IN SUCH FA	PITAL, NURSING HOMI CILITY, GIVE STREET ADDRESS) 2 Regester							Ave.
21201	September 5	13a ST	JAL RESIDENCE (IF IN NURSING HOME O STATE 136 COUN Aryland Bal		rother institution, Gr TY timore	13c. CITY OR TOWN Baltimore	13d. INS	13d. INSIDE CITY LIMITS? 13e STREET				1212	
DRE, MD.	SEATH SEATH	14. FATHER'S NAME FIRST John			D.	Spencer		15. MOTHER'S MAIDEN NAME FIRST Adelaide		MIDDLE C.		LAST	
BALTIMO	S ATTER GIVE 9A TH ROB MISTON	16a W (YE	AS DECEASED EVEL S, NO, OR UNKNOWN) NO	(IF YES, GIVE	WED FORCES? WAR OR DATES)	215-05-981		ORMANT .son Wint	er 400 A	ADDRESS 11egheny	Ave.	21204	
RECORDS, 201 W. PRESTON	OULD BE EXECUTED WITHIN 24 "PENDING" IN PENCIL IN ITER SED AS A BURIAL - TRANSIT PER FHALTH AND MENTAL HYGIE AL CREMATION, OR REMOVAL	N	Canditions, if gave rise to cause (a) statin lying cause last PART 2 DTHER SIGNIFICA	any, which immediate g the <u>under</u>	(b) DUE TO, OR	AS A CONSEQUENCE OF	DF.	DITION GIVEN IN PART	1 (0)				
ITAL REC	大名王コロ四 /	CERTIFICATION	190. DATE OF OPERATION		196 CONDIT	ION FOR WHICH OPER	ATION WAS PERI	WAS PERFORMED?			20 AUTOPSY?		
DIVISION OF VITAL	E2558	18	210 EXTERNAL CAL UNDERLYING CONTRIBUTING	OR CAUSE OF D	DEATH P.M.	MONTH DAY YEAR			ENTER NATURE OF INJ	JRY IN ITEM 18 PART I		S L NO .	
DIVIS	THIS CERTIF WRITING WARDED TO PAGE 3 SHO TATE DEPAR	MED	WHILE NOT AT WORK	WHILE C	2 le PLACE C STREET, FACT	OF INJURY (AT HOME, ORY, FARM, ETC.)	211 LOCATION STREET	١	CITY OR TOV	/N	COUNTY	STATE	
•	TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE BORGE 4 SHOULD BE POR TO FUNERAL DIRECTOR: I AFTER DESTRITE THE THE SHUTTH THE SHUTTMORE, MARYLAND,	-	220 I certify that death resulted from ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT)	hen	e of the remains described by the second sec	mullte	1	E (SPECIFY)	MEDICAL EXAM	nner ,	ATE IGNED 204	187	
	5385F8	23e. BU	RIAL, CREMATION, I	REMOVAL 2		23c. NAME OF CEA			23d. LOCATION		COUNTY	STATE	
	BP	Bu	rial		8-31-87	New Cath	edral		Balto. C			Maryland	
	DHMH - 17 (VR A15 ME (5)) 15M 2/80	-	NAME	defel	d Home 650	00 York Roa	d 21212		3 1987		der Pand		

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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	V.	STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	0.	
OUD (# 10 0:	(TYPE	CEASED NAME FIRST	MIDDLE	CDE	AST TAIC	20 DATE OF DEATH	MONTH DAY YEA	
B G B ANG	26 3 SE		4 RACE WHITE	5. DATE C	RLING F BIRTH 10,1897	6 AGE (IN YEARS LAST BIR		EAR IF UNDER 2 AND MIN.
neral director		RTHPLACE (STATE OR FOREIGN RUSSIA	76 CITIZEN OF WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY O	MD.	
eythe fu	1	RANDALLSTOWN	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET BALTIMORE COUNT	Y GEN	ROTHER INSTITUTION ERAL HOSPITAL	120 USUAL OCCUPATI (TYPE OF WORK FOR MOST OF MERCHANT	F WORKING LIFE) INDUST	ETAIL
filled in hould be	13a. S	MARYLAND B COUN	NTY BALTIMOR	E ADMISSION)	YEX NO		ZIP CODE CEDAR PL. A	(21209) PT. 413
The state of the s)	MENDEL	FRIEDMAN	17	15 MOTHER'S MAIDEN NAM UNKNOWN		UNK	NÔWN
1 logical		VAS DECEASED EVER IN U.S. AR VES. NOOR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECU (E WAR OR DATES) 182 → 28 – 53		I.J. MORRIS	1895 FLATB	USH AVE.	OOKLYN, N,) //2/ O ROXUMATE UNITERVAL EEN ONSET AND DEATH
the attending on remove correction remotion, or remoter		Conditions, if any, which gave rise to immediate cause (a), stating the	D BY: TE CAUSE 10) DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE	ENCE OF	ONMY AR	REST		
low requires that s been signed by srmit. Then please prior to burial, c s ony injury, ar off	CERTIFICATION	PART 2 OTHER SIGNIFICANT O	CONDITIONS CONTRIBUTING TO S			NAL DISEASE OR CON	DITION GIVEN IN PAR 206. IF YES, WERE FIN IN CERTIFYING CAU	NDINGS USED
CIAN: The physician printicate has ol-transit printicate has all Hygiens em. 18 show		710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	AY YEAR	21c HOW INJURY OCCURRI	YES NOTO	YES	NO
ottending ter this ce is the bun hand Mer	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, F		211 LOCATION STREET	CITY OR TO	WN COUNTY	STATE
ATTENDIN Ispital or CTOR: Af Afor use a of Health		sow the deceased alive on above, (1) (we) (did) (did no	tal) attended the deceased from 8/2/ 19		d that in (my) (our) opinion d	eoth occurred on the de	ote and hour and from	
SPITAL OR I by the house detached State Dept. AMI. If Her		224 PHYSICIAN'S NAME (TYPE O	V. Illassur.		ATTENDING PHYSICIAN 222 ADDRESS	MEDICAL STAI	FF _ @	ATE SIGNED
TO HOSPITAI retained by 1 TO FUNERAL should be de- with the Stati		STEPITEN	1. GLASSEN' 1236 DATE 1236 N	NAME OF C	/777 REZ	23d LOCATION	LD.	2009
BP		BURIAL			TEFIORE CEM	PINELAWN		STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	24. F	OTO REISTERSTO	EVINSON & BROS. WN RD. BALTO., MI	D. (2:	(215) AUG	25 1987	256 REGISTRAR'S SIG	

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ICT FAR LESS LAND.

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by the funeral director, page 3 filed within 72 hours ofter death

STATE OF MARYLAND

2	018	TATE REGISTRAR		DEPART		ICATE OF DEATH	REG. N	0.		
		CEASED NAME FIRST	Eleanor C.	Stomio		AST	2ª DATE OF DEATH	MONTH (DAY YEAR	6 05 PM
1	3. SEX	The state of the s	14 RACE	Stedilener	N DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 HRS
	3. 027				MONI	no YEAR	-	7	MONTHS DAYS	HOURS MIN.
1	34° D.II	HETTELE STATE OF FOREIGN		casian		7/14.	9 BALTIMORE CITY C	YRS	OFDEATH	
Y		OUNTRY)	76. CITIZEN OF W	HAI COUNTRY	MARRIE	XEVER MARRIED	7 BALTIMORE CITT	K COUNTY	OFDEATH	
4	2	Baltimore	U.S.		WIDOWE			rore Co		MD
5	10 CI	TY OR TOWN OF DEATH		DSPITAL, NURSII FACILITY, GIVE STREE		OR OTHER INSTITUTION	12a USUAL OCCUPAT			F BUSINESS OR
5	1	Towson	St. Ja	ech's Hos	pital		Mother & W			
	USUA 13a. S	TATE 136 COL	OR OTHER INSTITUTION G		RE ADMISSIONI	113d INSIDE CITY LIMITS?	13e STREET ADDRESS	/ 710 CODE		21204
1	130. 5		Paltimore	Towson	414	YES NO X	12 Airway (1201
5	14 FA	THER'S NAME				15. MOTHER'S MAIDEN NA	ME			
Я	1	FIRST CL Charmon	MIDDLE	LAST		FIRST	MIDDLE		1AS	51
1	16n W	James C. Cremen	RMED FORCES?	66 SOCIAL SEC	LIRITY NO	Catherine	O'NEILI ADDRI	SS _		
á		ES. NO OR UNKNOWN) (IF YES G	EVE WAR OR DATES)				George Stegna	er Sr.		
딕		No		217-16	-8158	12 Airway Cir	rcle Apt. 2D	Towsor	n Marylar	21204
4		18 CAUSE OF DEATH (Enter of	only one couse per li			T . h			BETWEEN	MATE INTERVAL ONSET AND DEATH
1		PART I. DEATH WAS CAUS	ATE CAUSE (0)	Caro	liac	failur		3.0		
-		111116221		AS A CONSEQU	IENICE OF	netastat	_ 1			
		Conditions, if any, which	DUE TO, OR	AS A CONSEGU	JENCE OF	nutastal	ic Ca.		15000	
		gave rise to immediate	(6)—							
		cause (a), stating the underlying cause lost	DUE TO, OR	AS A CONSEQU	JENCE OF					
			((c)							
	CERTIFICATION	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ntributing <u>to</u>	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIV	EN IN PART 1	a
7	AT	190 DATE OF OPERATION	196 CONDIT	ION FOR WHICH	HOPERATIO	N WAS PERFORMED	20a AUTOPSY?		, WERE FINDI	
	FE						YES T NOT	N CERTIF	YING CAUSES	NO
_	ER	21g. ACCIDENT WAS UNDERLYING	216. TIME OF	INJURY		21c. HOW INJURY OCCUR				
1	1	OR CONTRIBUTING CAUSE OF D	EATH HOUR A.N	. MONTH D	AY YEAR					
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN			19	211 LOCATION				
	WED	21d. INJURY OCCURRED	218 PLACE O	ET FACTORY OFFICE.	FARM ETC)	STREET	CITY OR TO	WN	COUNTY	STATE
		AT WORK NOT WHILE								
		22a.1 certify that (1) (this has	pital) attended the	deceosed from			, to		19	that (I) (we) last
		sow the deceased alive a above, (1) (we) (did) (did r	nthe hody o	tter death		nd that in (my) (aur) apinian	death occurred an the d	ate and hou	ir and from the	causes stated
		22b. SIG/MATURE	dir view the body o	1 dedin		DEGREE			22c DATE	SIGNED
		Fular	rdo (Rom	ero	ATTENDING PHYSICIAN	MEDICAL STA		81	17187
		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	1	-	22e ADDRESS	_ DIRECTOR THIS	-1617 [2]	, 1	
		ERLA	1100	ROMI	FPO	ST	Oroner	12	Hos	n ·
	22. 5					SAUSTERN OR COSTA	TO LOCATION	-	1, ,	
		URIAL, CREMATION, REMOVA				CEMETERY OR CREMATORY	CITY OR TOWN		COUNTY	STATE
		Burial	8/20/			Ridge Cemetery	Pikesvill			MD
	24 FL	INERAL DIRECTOR LOT	ring Byers I	uneral Di	rectors		1 O 1007	755 REGIST	BARSSICNA	RECO
		8728 Liberty Ros					1 9 1987	ina war	All he Van	

DHMH - 16 60M 7/84 (VRA 15, 4)

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MPORTANT: If Hem 21 is marked or should be detoched for use os with the State Dept. of Health

8728 Liberty Road Randallstown Maryland 21133

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending

STILL THE WAS RESIDENCED FOR THE SUPPLIES.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYDENE CERTIFICATE OF DEATH

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free	2	0	3	
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			191	•

3. SE	CEASED NAME FIRST	MIDDLE	L	AST	REG. NO.	DAY YEAR	26 HOUR
	CEASED NAME FIRST PE OR PRINT) Richar	ed W.	Ste	inert. Sr.	8 1	87	14 110011
M		4. RACE	I DATE O	E DIDYII	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 H
100	ale	White	5. DATE O	13 DAY 13 YEAR	74 YRS	MONTHS DAYS	HOURS M
	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	VTRY? 8	NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH	
) Ma	ryland	USA	WIDOWE		BALTIMORE COU	NTY	
	iddle River	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE 1602 Burke		o., Md.21220	(TYPE OF WORK FOR MOST OF WORKING Ret Maint.	LIFE) 176 KIND OI INDUSTRY Seag	rams]
13a.	STATE 136 COU aryland Bal			13d. INSIDE CITY LIMITS? YES NO 🏝	13. STREET ADDRESS / ZIP COL 1602 Burke Rd	DE 21220	
30	ATHER'S NAME Frank E.	Stein Stein	ert	is mother's maiden na Bertha	ME	Ottenba	
	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G		SECURITY NO. 19-7057	Richard W.	Steinert, Jr. 5	19 Fusel	age A
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	inly ane cause per line for (a), (ED BY:	diac +	Arrest		APPROXI BETWEEN C	NATE INTERVAL NSET AND DEA
CERTIFICATION	Conditions, if ony, which gave rise to immediate cause tot, stating the underlying cause last PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION	DUE TO, OR AS A CON	G TO DEATH BUT		INAL DISEASE OR CONDITION G	ES, WERE FINDIN	GS USED
A HE	210. ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCCUR		FYING CAUSES YES PART 1 OR PART 2)	NO [
4	OR CONTRIBUTING CAUSE OF DE		H DAY YEAR				
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY	DFFICE, FARM ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	22a I certify that (1) this hask	view the body after death.			, to August I death occurred on the date and ho		hat (1) (we) ouses stated
	226 SIGNATURE	grande MO		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	2/3/	27
	7,000					527 7	131
7	22d. PHYSICIAN'S NAME (TYPE Francis L. W.	iegmann, Jr. M	2-2883 1.D.	8406 Harford	Rd. Baltimore,	Marylan	d 2123

of the publish has made a court of the court of the SA BIRLES YOUR Lassenhal Chrosert Manuel Bergs and State College Land Co

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGJENE 87 STATE REGISTRAR 162460 AUG 12 REG. NO 20 DATE KNOWN DECEASED NAME 26 HOUR (TYPE OR PRINT) OF ESTI-GIVE PAGES 1, 2, AND 3 TO THE FUNERAL DIRECTOR. 2D FORM PM 3. RETAIN PAGE VOUR FILES. PAGES 1 AND 2 SHOULD BE FILED. ITH N72 HOURS. DIVISION OF VITAR RECORDS 201 DEATH MATED LORETTA MARGARET 8-9-87 19 4 RACE DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE MONTH LAST BIRTHDAY) DAY PRONOUNCED HEMale White DELAY IS NECESSARY, 8-9-87 19 2:30P July 29 1907 DEAD 80 YRS TO BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? P BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Baltimore County WIDOWED ** Maryland USA DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OR INDUSTRY Retired-Sales Person Essex 287 Langley Road ISUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a STATE 13c CITY OR TOWN 13b COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Md. Balto. 287 Langley Road 21221 Essex YES [NO ** 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST LAST George Bangert Anna Kress 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 7 INFORMANT ADDRESS (YES, NO. OR UNKNOWN) 219-10-9322 William Stevens 7838 Eastdale Road 21224 no 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 3. EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 19 PAGE 4. SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALD TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PROMED THE MEDICAL EXAMINER PROBLEM PROBLEM STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, BALTIMORE, MARYLAND, 21201 PRÍOR, TO BURIAL, CREMATION, OR REMOVAL." PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Volvilus of small intestine DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION right ovarian cyst 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME 71d INJURY OCCURRED 211. LOCATION AT WORK AT WORLE STREET, FACTORY, FARM FTC CITY OR TOWN COUNTY STATE X 27a. I certify that I took charge of the remains described above, held an Autopsy Inspection death resulted fram: Natural causes Accident Suicide Hamicide ___ Undetermined manner TITLE (SPECIFY) ACTUAL Assistant 8-10-87 SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Margarita A. Korell, M. DADDRESS 111 Penn Street (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 236. NAME OF CEMETERY OR CREMATORY 23d LOCATION 07/84 BP Burial Oak Lawm Cemeterv Baltimore Maryland 25M 24 FUNERAL DIRECTOR **DHMH - 17** ADDRESS det Savidon (VR A15 ME (5)) Connelly Funeral Home 300Mace Ave

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HAGIENE

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,		FOR STATE REGISTRAR		DEPART		FICATE OF DEATH	GIENÉ REGÍN	0		1	
		CEASED NAME FIRST		MIDDLE		LAST	20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR	
	(TYPE	VERO VERO	ONICA	E. S	STEVEN	IS .	AUGUST 27	1. 198	87	8:20 am	
1	3. SEX		4. RACE		5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BE	_	IF UNDER I YEAR	IF UNDER 24 HRS	
	,	FEMALE	WHI	TE	JULY		77	7 YRS	MONTHS DAYS	HOURS MIN.	
1		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	9		9. BALTIMORE CITY		Y OF DEATH		
2		MARYLAND	U.S.	Δ	WIDOWI	D NEVER MARRIED	BALTIMORE	COI	UNTY	MD.	
3		TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	NG HOME	OR OTHER INSTITUTION	12a USUAL OCCUPAT	ION	12h KIND C	F BUSINESS OR	
9	AF.	TONSVILLE /		TOV VITT		SING CENTER	HOME MAKER			HOME	
4	-	AL RESIDENCE (IF NURSING HOME				SING CENTER				HOME	
	13a. S	STATE ISE CO	UNTY	13c CITY OR TOW	/N	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS				
4			ITY	BALTIMOR	RE	YES X NO	430 DRURY	LAN	E BALTO.	21229	
0	A	THER'S NAME FIRST	MIDDLE	LAST		FIRST	WIDDLE		LAS	ST.	
Z	/	WALTER	P	HACKETT		ELIZABET			RNAN		
2		VAS DECEASED EVER IN U.S.	ARMED FORCES? GIVE WAR OR DATES)	166 SOCIAL SECL	JRITY NO.	17 INFORMANT	ADDR	ESS	2	1204	
4		NO		217-22-5	5384	JOHN C. STEV	ENS 114 GRE	ENBR	IER RD.	1204 TOWSON MD	
		18 CAUSE OF DEATH (Enter PART I DEATH WAS CAU	only one cause per	line for (o), (b), an	nd (C).1				BETWEEN	MATE INTERVAL ONSET AND DEATH	
						pneumonia			2	daus	
		DUE TO, OR AS A CONSEQUENCE OF									
Н		Cardida di anno bish (
		gove rise to immediate									
		couse (o), stofing the Underlying cause lost.									
		DART O CTUER CICALIERCAN	(5)	ON TRADUCTO	DE ATH BUI	NOT RELATED TO THE TERM	AINIAL DISEASE OR CON	IDITIONIC	IVEN IN DART 1		
	z	PART OTHER SIGNIFICAN	1 - Dan	1 - Dans	2/17		desaa		INEIG HALWELL	0	
	CERTIFICATION	190 DATE OF OPERATION	19h COND	ITION FOR WHICH	OPERATIO	ON WAS PERFORMED	20a AUTOPSY?		ES, WERE FINDI	NGS USED	
1	F.	THE DATE OF OFERATION	170 00110	morrow winer	OLEKATIC	, THO I EM OKMED		IN CERT	TIFYING CAUSES	OF DEATH?	
	RT		53 AN YOUR	SE IN LEI LEV		121. HOW INTURY OCCUP	YES NO		YES 🗌	NO 🗆	
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF		M. MONTH D	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	JRY IN ITEM 18	B PART I OR PART 2)		
1	CAI	(IF EITHER NOTIFY MEDICAL EXAMI	NER) P	.м.	19						
	MEDICAL	21d INJURY OCCURRED		OF INJURY	FARM ETC)	211 LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE	
	2	AT WORK									
		22a I certify that (I) (this ha				3/13/87.19	, to8	127/8	3.79	that (It (we) last	
		spw the deceased alive above, (I) (we) (did) (did		25/87 19_	, 0	nd that in (my) (our) opinion	death occurred on the o	lote and ha	our and from the	couses stoted	
		226 S GNATURE	NOT VIEW THE COO.	100		DEGREE			22c. DATE	SIGNED	
		MULLARAN	MALL	& VLER	onil	MA ATTENDING PHYSICIAN I	MEDICAL STA	CIAN O			
1		22d PHYSICIAN'S NAME (TY	PE OR PRINT	1	4	22e ADDRESS					
		TATIDENCE D	CALLACED	M D		CT ACNIEC ME	DIOAI ODMOD	D D 1 T	TTVODE	1470	
	22. 0	LAURENCE R.		FI + D	NIAME OF	IST. AGNES ME	123d LOCATION	K, BAL	TIMORE,	MD.	
	230 E	BURIAL, CREMATION, REMOV					CITY OR TOWN		COUNTY	STATE	
	-	BURIAL	8/31	/87	NEW CA	ATHEDRAL	BALTIMOF	-	ARYLAND		
		INOYAMM. & RUSSI	ELL C. WI	TZKE APHNI	ERAT. F	HOMES 25a. DA	TE REC'D. BY REGISTRAF	4			
		30 EDMONDSON					NP 3 1 1881	Sule	in Burders	· Karanes	

DHMH - 16 60M 7/84 (VRA 15, 4)

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IMPORTANT # Nem 21 is marked on

STATE OF MARYLAND

	98	FOR STATE REGISTRAR		DEPA		EALTH AND MENT	H HYGIE	NE 2	2 3	3 4	
	I. DEC	CEASED NAME FIRST OR PRINT)	A 1	WIDDLE	S	tewar	+	DATE OF DEATH	8	BY YEAR	THOUR AM
	1. SE)	F	4 RACE		5 DATE C	DE BIRTH	I'8	AGE (IN YEARS LAST BIRT	YRS	MONTHS DAYS	HOURS MIN.
7	BII	RTHPLACE ISTATE OR FOREIGN	Th CITIZEN OF	SA	MARRIE WIDOWE	D NEVER MARRI	ED 1	Baltimore City o			MD
	M	iddle River	(IF NOT IN SUC	HALL HALL	RSING HOME (OR OTHER INSTITUTION	Carl	TO USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORK FOR MOST OF	ON FWORKINGLIF	12b KIND	OF BUSINESS OR
-	13a. S Ma			13c. CITY OR T	OWN	13d INSIDE CITY LIM	X	Rt. 3 Box		19940	
2	9	Joseph	MIDDLE C.	Marsh		15. MOTHER'S MAIL FIRST Mary	DEN NAME	MIDDLE			iplett
2		VAS DECEASED EVER IN U.S. yes no or unknown) (IF yes, NO	ARMED FORCES? GIVE WAR OR DATES)	214=1	8-0212	Paul Mar	shall	2053 Hors		Cr. 2	0794
		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one cause per ISED BY IATE CAUSE (a)	line for 101, 161	ondig.	ARRAST				APPRO BETWEEN	XIMATE INTERVAL NONSET AND DEATH
		Conditions, if ony, which		R AS A CONSE	OUENCE OF	Rul Quil	ć	4 Ca Co	In i	_	
		gove rise to immediate couse (o), stoting the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF Consequence (c)									
	NOI	PART 2 OTHER SIGNIFICAN	T CONDITIONS CO	Ontributing	TO DEATH BUT	NOT RELATED TO TH	HE TERMIN	al disease or cont	OITION GIV	EN IN PART 1	0
	CERTIFICATION	19a DATE OF OPERATION	19b COND	ITION FOR WH	IICH OPERATIO	N WAS PERFORMED)	200 AUTOPSY? YES NO	IN CERTIF	S, WERE FIND YING CAUSE S	INGS USED S OF DEATH? NO []
1		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM)	OFWIN	M. MONTH	DAY YEAR	21c. HOW INJURY	OCCURRED) (ENTER NATURE OF MJUR	TY IN ITEM 18 P	PART I OR PART 2)	
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (AT HOME ST	OF INJURY REET FACTORY, OFF	ICE, FARM, ETC]	211 LOCATION STREET		CITY OF TO	WN	COUNTY	STATE
		22a I certify that (I) (this ho sow the deceased alive abave, (I) (we) (did) (did	on	1		0. 33, 19, nd that in (my) (our)	apinion dec	ta & · /b	ote and hou		, that (II (we) last e couses stated
		226 SIGNATURE	/ h	7 - 1		DEGREE ATTENI	DING ZI	MEDICAL STAF	F IAN []	221 DAT	13. 37.
		1. A. File				22 ADDRESS	Δ.	LUD BD		ves .	21221
	(BURIAL, CREMATION, REMOV (SPECIFY) Burial	23b. DATE 8/17/			Park Ceme		23d LOCATION CITYOR TOWN Baltimore		100	Maryland
	24 FU Hi	ubbard Funeral	Home, I	nc. 410	7 Wilke	ens ₁ Ays.	250 BATE	FCD BY REGISTRAR		RARIS SIGNA	TURE

DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

24 8 TATE REGISTRAR			DEPARTA		ALTH AND MENTAL HY CATE OF DEATH	SIENE /	REG. NO.	5 5	
1. DECEASED NAM	E FIRST	М	IDDLE	LAS	T	20 DATE OF D	EATH MONTH	DAY YEAR	26 HOUR
(TYPE OR PRINT)	Mary		Jane	STOUF	FFR	Augus	t 14, 1	987	8:40 N
3. SEX		I. RACE	- Cinc	5. DATE OF			RS LAST BIRTHDAY)	IF UNDER TYEAR	IF UNDER 24 HRS
Fema	le	Whit	A	May	°13, 1887	100	_	RS. MONTHS DATS	HOURS MIN.
7a BIRTHPLACE			VHAT COUNTRY?	-				INTY OF DEATH	
Unknow	m	United	States	MARRIED	NEVER MARRIED DIVORCED		timore		
) CITY OR TOWN					OTHER INSTITUTION	12a USUAL O			OF BUSINESS OF
Bogodal	. /		FACILITY, GIVE STREET			HOUSE	ekeeper	ING LIFE INDUSTRY	
Roseda]	(IF NURSING HOME OR	T L CLIK L	in Squar	E A STANIES NO ALL				2121	
Maryland	136 COUN	TY	Baltimo	re	36. INSIDE CITY LIMITS?		opress / zip c ake Aver	iue / Bal	timore,
FATHER'S NAMI		Ünknown	LAST		5. MOTHER'S MAIDEN NA		MIDDLE	£A.	·S1
	DEVER IN U.S. ARA		166 SOCIAL SECU		7 INFORMANT		ADDRESS	21202	
IVES NOOR UNKN	OWN) (IF YES GIVE	WAR OR DATES)	218-30-5	305	Dennis C. Mc	Coy 34 I	Market I	Place Bal	timore,
gave rise couse to), underlying	ER SIGNIFICANT C	(c)ONDITIONS CO	INTRIBUTING TO	ENCE OF Prial S DEATH BUT N	epsis OT RELATED TO THE TERM	MINAL DISEASE	SY? 20b. I	N GIVEN IN PART I	INGS USED
Ě						YES 🗌	NOD	YES	NO [
00.00011001011	WAS UNDERLYING UNDERLYING CAUSE OF DEAP OTHER MEDICAL EXAMINER	HOUR A.A	M. MONTH D	AY YEAR	21c HOW INJURY OCCUR	RRED (ENTERNATO	RE OF INJURY IN ITE	M 18 PART TORPART 7)	
G 21d. INJURY	NOT WHILE AT WORK	21e PLACE C	OF INJURY EET, FACTORY OFFICE, F	FARM ETC J	211 LOCATION STREET	ļ.	CITY OR TOWN	COUNTY	STATE
saw the obove, (that (1) (this hospit deceased alive on 1) (we) (did) (did not			0,	that in (my) (our) opinion		gust 14 on the date and		
22b. SIGNAT	11/	Brai	remo.		ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN		ESIGNED
		AVE, MS			9000 Frank			ve 212	237
Cremat:		August			metery or crematory unt Cremator	23d LOCAT	ltimore		Marylan
24 FUNERAL DIRECT	rooks Bra		AD ORESS		250 DA	TE REC'D. BY RE		LA BURGARY	

DHMH - 16 60M 7/84 (VRA 15, 4)

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2	3	3	AUG	11	17	STATE REGISTRAI

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE /

die.		***	
REG. N	0. 2	23	58

	E OR PRINT)	o m 5+	and miles an				00/	06/0	, ,	0 -	10-
3. SE	x Marie	1. RACE	ricker	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BI		06/8		# UNDER	
				MONTH	DAY YEAR			MONTHS	DAYS	HOURS	Will
_	Female IRTHPLACE (STATE OR FOREIGN	white	WHAT COUNTRY		0/09/90	9. BALTIMORE CITY C	YRS	V OF DEA	TH		
	COUNTRY)	76 CITIZEN OF	WHAT COUNTRY	MARRIEI	NEVER MARRIED	7. BALTIMORE CITT	ZK COUNT	1 OF DEA	NIN.		
	Baltimore	U.S.		WIDOWE	8-4/	Baltimo					- 1
10 C	ITY OR TOWN OF DEATH		HOSPITAL, NURSI H FACILITY, GIVE STREE		OR OTHER INSTITUTION	12d. USUAL OCCUPAT			JSTRY	F BUSINE	ESS
-	Towson	Dulan	ey-Tows	son N	ursing Ctr.	Homemak	er				
13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 136, COU		GIVE RESIDENCE BEFOR		134 INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP COL)F			
I	Maryland		Baltir		YES X NO	717 East				212	21
	ATHER'S NAME				15. MOTHER'S MAIDEN NA	ME		-		100	
	George I	Hamper	LAST		FIRST Mar	rie Dressel			LA51		
	WAS DECEASED EVER IN U.S. A		166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADDR	ESS				
- 0	ves, no or unknown] (IF YES, G:	IVE WAR OR DATES)	219 62	2293	Marie F. A	ndrewe 03	Marx	dock	r D	d 2	12
-			Conference ()	and (a)	marker. A	TIGITENS 93	FIUL			MATE INTER	
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS		epsis di	ie to I	Jrinary Tract	Infection		BE	IWEENO	INSET AND	DEA
	IMMEDIA	TE CAUSE (o)	- F		January III.	11110001011				_	-
			R AS A CONSEQU								
	Conditions, if any, which (b) Urinary tract infection								mor	th_	_
	cause (a), stoting the	1 DUE TO OF	R AS A CONSEQU	IENICE OF				- 1			
		DUE TO, OF	AS A CEDIASER	JENCE OF							
	underlying cause lost. PART 2 OTHER SIGNIFICANT	(c)	Hemoples	ia	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	IDITION G	IVEN IN P	YOU ARY Isa	irs_	
IFICATION	underlying cause lost.	(c) CONDITIONS <u>CC</u>	Hemoples ONTRIBUTING TO	ia DEATH BUT	NOT RELATED TO THE TERM	20a AUTOPSY?	20b. IF YI	IVEN IN P.	FINDIN	IGS USE	TH?
CERTIFICATION	underlying cause lost. PART 2 OTHER SIGNIFICANT	(c)	Hempoles ONTRIBUTING TO TION FOR WHICH	ia DEATH BUT H OPERATIO		20a AUTOPSY? YES NO	206. IF YI IN CERT	ES, WERE IFYING CA	FINDIN	GS USEI OF DEAT	TH?
AL CERTIFICATION	PART 2 OTHER SIGNIFICANT 198 DATE OF OPERATION 218. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE	CONDITIONS CO	Hemooles DINTRIBUTING TO ITION FOR WHICH FINJURY M. MONTH D	DAY YEAR	N WAS PERFORMED	20a AUTOPSY? YES NO	206. IF YI IN CERT	ES, WERE IFYING CA	FINDIN	GS USEI OF DEAT	TH?
	PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	CONDITIONS CO	Hemooles DINTRIBUTING TO TION FOR WHICH FINJURY M. MONTH [M. OF INJURY	DEATH BUT H OPERATIO DAY YEAR 19	N WAS PERFORMED	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUR	20b. IF YI IN CERT Y	ES, WERE IFYING CA 'ES PART LOR P	FINDIN AUSES	GS USEI OF DEAT NO	TH?
MEDICAL CERTIFICATION	Underlying cause lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE LIFE HITHER, NOTE Y MEDICAL EXAMINA 21d. INJURY OCCURRED	CONDITIONS CO	Hemooles ONTRIBUTING THE TION FOR WHICH FINJURY M. MONTH C	DEATH BUT H OPERATIO DAY YEAR 19	N WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YI IN CERT Y	ES, WERE IFYING CA	FINDIN AUSES	GS USEI OF DEAT NO	TH?
	UNDERLYING COUSE LOST. PART 2 OTHER SIGNIFICANT 19th DATE OF OPERATION 21th, ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DI (## EITHER, NOTHY MEDICAL EXAMINE 21d. INJURY OCCURRED WHITE [AT WORK] AT WORK	CONDITIONS CO	Hemooles DITRIBUTING TO TION FOR WHICH FINJURY M. MONTH E M. OF INJURY JEEL FACTORY, OFFICE.	DAY YEAR 19 FARM, ETC)	216 HOW INJURY OCCUR	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUR	20b. IF YI IN CERT Y	ES, WERE IFYING CA (ES	FINDIN AUSES (OF DEAT	TH?
	Underlying cause lost. PART 2 OTHER SIGNIFICANT 19th DATE OF OPERATION 21th. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DE (#F EITHER, NOTHEY MEDICAL EXAMINE 21th. INJURY OCCURRED WHITE [] NOT WHITE AT WORK [] AT WORK [] 22th. I certify that [] his hosp	CONDITIONS CO	Hemooles DITRIBUTING TO TION FOR WHICH FINJURY M. MONTH D OF INJURY EET, FACTORY, OFFICE, e deceased from,	DAY YEAR 19 FARM, ETC)	21c HOW INJURY OCCUR	204 AUTOPSY? YES NO RED (ENTER NATURE OF INJU	20b. IF YI IN CERT Y IRV IN ITEM 18	ES, WERE IFYING CA YES PART I OR P	FINDIN AUSES (PGS USET	TH?
	Underlying cause lost. PART 2 OTHER SIGNIFICANT 198 DATE OF OPERATION 218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LET THE CONTRIBUTION OF CAUSE OF DE LET THE CONTRIBUTION OF COURTED WHILE AT WORK NOT WHILE AT WORK NOT WHILE OF COURTED WHILE OR COURTED WHILE OF C	(c)	Hemoples DITRIBUTING TO ITION FOR WHICH FINJURY M. MONTH C M. OF INJURY	DAY YEAR 19 FARM, ETC)	216 HOW INJURY OCCURI	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUR	20b. IF YI IN CERT Y IRV IN ITEM 18	ES, WERE IFYING CA (ES	ART 2) NIY	PGS USET	TH?
	Underlying cause lost. PART 2 OTHER SIGNIFICANT 198 DATE OF OPERATION 218. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE (#F EITHER, NOT#Y MEDICAL EXAMINE 214. INJURY OCCURRED WHILE AL WORK NOT WHILE AT WORK AT WORK 226.1 certify that (1) this hasp sow the deceased give o	(c)	Hemoples DITRIBUTING TO ITION FOR WHICH FINJURY M. MONTH C M. OF INJURY	DAY YEAR 19 FARM, ETC)	216 HOW INJURY OCCURI	20d AUTOPSY? YES NO NO NOTIFIED (ENTER NATURE OF INJURY OR TO NOTIFIED ACCURRED ON the death accurred on the	20b. IF YI IN CERT Y IN ITEM 18	ES, WERE IFYING CA (ES	FINDIN AUSES (PGS USET	TH?
	Underlying cause lost. PART 2 OTHER SIGNIFICANT 19th DATE OF OPERATION 21th ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE LIFE EITHER, NOTE Y MEDICAL EXAMINA 21th INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK AT WORK Sow the deceased gline obove (1) Ave) (did (did not be seen as a control of the seen as a control of	CONDITIONS CO	Hemoples DITRIBUTING TO ITION FOR WHICH FINJURY M. MONTH C M. OF INJURY	DAY YEAR 19 FARM, ETC)	216 LOCATION STREET 216 that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	204 AUTOPSY? YES NO RED (ENTER NATURE OF INJU	20b. IF YI IN CERT Y IN ITEM 18	ES, WERE IFYING CA (ES	ART 2) NIY	PGS USET	TH?
	Underlying cause lost. PART 2 OTHER SIGNIFICANT 19th DATE OF OPERATION 21th ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DE (# EITHER, NOTE Y MEDICAL EXAMINE) 21th INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 22th Service of the deceased gline obove (II) Ave) (did fidid in 22th STANATURE) 22th PHYSICIAN'S NAME (TYPE	(c)	Hemoples DITRIBUTING TO THOM FOR WHICH FINJURY M. MONTH C M. OF INJURY 1/29/8719 Other death.	DAY YEAR 19 FARM, ETC)	216 LOCATION STREET 216 that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 22e ADDRESS	ZOO AUTOPSY? YES NO RED (ENTER NATURE OF INJU CITY OR IC death accurred on the d MEDICAL STA DIRECTOR PHYSIC	20b. IF YI IN CERT Y IN TIEM 18	ES, WERE IFYING CA ES PARTIOR P COUNTY TO THE	ART 2)	GS USEI OF DEAT NO	interest of the state of the st
	Underlying cause lost. PART 2 OTHER SIGNIFICANT 19th DATE OF OPERATION 21th ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE LIFE EITHER, NOTE Y MEDICAL EXAMINA 21th INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK AT WORK Sow the deceased gline obove (1) Ave) (did (did not be seen as a control of the seen as a control of	(c)	Hemoples DITRIBUTING TO THOM FOR WHICH FINJURY M. MONTH C M. OF INJURY 1/29/8719 Other death.	DAY YEAR 19 FARM, ETC)	216 LOCATION STREET 216 that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 22e ADDRESS	20d AUTOPSY? YES NO NO NOTIFIED (ENTER NATURE OF INJURY OR TO NOTIFIED ACCURRED ON the death accurred on the	20b. IF YI IN CERT Y IN TIEM 18	ES, WERE IFYING CA ES PARTIOR P COUNTY TO THE	ART 2)	PGS USET	interest of the state of the st
MEDICAL	UNDERLYING COUSE LOST. PART 2 OTHER SIGNIFICANT 19th DATE OF OPERATION 21th ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DE LIFE EITHER, NOTEY MEDICAL EXAMINATION COURRED WHITE NOTEY MEDICAL EXAMINATION COURSE WHITE NOTEY MEDICAL EXAMINATION COURSE 27th I certify that this hasp sow the deceased alive obove (11) Ave) (did fid a 27th STANATURE) 27th Physician's NAME (Type Donald O. W	CONDITIONS CO 19b CONDI 19b CONDI 19b CONDI 21b. TIME O HOUR A./ P./ 21e. PLACE (IAT HOME, SIR Dital) attended the ORPRINT) ORPRINT) ORD M. D	Hemoples DINTRIBUTING TO THOM FOR WHICH THOM FOR WHICH THOM MAN THOM THOM THOM THOM THOM THOM THOM THOM	DAY YEAR 19 FARM, ETC)	216 LOCATION STREET 216 that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 22e ADDRESS	ZOO AUTOPSY? YES NO RED (ENTER NATURE OF INJU CITY OR IC DIRECTOR PHYSIC LOW Dr., Tir 1236 LOCATION	20b. IF YI IN CERT Y IN CERT Y IN TEM 18 WA ate and ha	ES, WERE IFYING CA (ES PARTIOR P COUNT TO THE COUNT	ART 2) NIY Date to the control of	that (I) (vacuuses sto	TH?
MEDICAL	Underlying cause lost. PART 2 OTHER SIGNIFICANT 198 DATE OF OPERATION 218. ACCEDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE AT WORK AT WORK AT WORK AT WORK 120.1 Certify that (II) (In) is has sow the deceased give obove (II) Ave) (did fidid not 22b. SINNATURE 12d. PHYSICIAN'S NAME (TYPE DONALD O. W.	CONDITIONS CO 19b CONDI 19b CONDI 19b CONDI 21b. TIME O HOUR A./ P./ 21e. PLACE (IAT HOME, SIR Dital) attended the ORPRINT) ORPRINT) ORD M. D	Hemooles DINTRIBUTING TO THOM FOR WHICH THE WHICH THOM FOR WHICH T	DAY YEAR 19 FARM, ETC)	216 HOW INJURY OCCURION STREET 218 LOCATION STREET 219 LOCATION STREET 219 LOCATION STREET 210 LOCATION STREET 211 LOCATION STREET 212 LOCATION STREET 213 LOCATION STREET 214 LOCATION STREET 215 LOCATION STREET 216 LOCATION STREET 217 LOCATION STREET 218 LOCATION STREET	20d AUTOPSY? YES NO NO CITY OR TO CITY OR TO MEDICAL STA DIRECTOR PHYSIC COMMEDICAL	20b. IF YI IN CERT Y IN CERT Y IN TEM 18 WA ate and ha	ES, WERE IFYING CA (ES PARTIOR P COUNT TO THE COUNT	ART 2) NIY Date to the control of	that (I) (vacuuses sto	interest of the state of the st

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Julia Divison Product

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNE ALD DIRECTOR: After this certificate has been signed by the attending physician in provide attached for use as the burial-transit permit. Then please remave carbanpapers. Pare the state Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate retained by the haspital or attending physician.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENT AL HYGIENE

22359

	G TEGETRAR			ou ann	CERTIF	ICATE OF DEATH		REG. NO). y		1 2 0	1
I	1. DECEASED NAME	FIRST		MIDDLE	ı	AST		20. DATE OF DEATH	HINOM	DAY	YEAR	2b. HOUR
ı	(CONTRINT)	MARY	A	١.	STRO	OHMER	- 3		8	4	87	2:07P,
	3. SEX		4. RACE		5. DATE C			6 AGE (IN YEARS LAST BIRT	HDAY)	IF UNI	DER I YEAR	IF UNDER 24 HRS
	Female	1100	Whit	e	MONTH	29 03	3	84	YRS	MONTH	DAYS	HOURS MIN.
1	To. BIRTHPLACE (STATE OFF	OREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.		- [7]	9 BALTIMORE CITY O	•			
F.	Maryland		U.S.	Α.	WIDOWE	D NEVER MARRIE		Baltimon	e Col	int	V	MD
1	10. CITY OR TOWN OF DEA	TH	11. NAME OF	HOSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTIO		12a USUAL OCCUPATION		_		OF BUSINESS OR
1	Catonsvill		1909 F	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 1909 Rolling Glen Road				d (TYPE OF WORK FOR MOST OF WORKING LIFE)				
1	USUAL RESIDENCE (# NURSI	NG HOME OR		GIVE RESIDENCE BEFORE		134 INSIDECITY LIM	urca 1	13e.STREET ADDRESS /	710 000			
A	Maryland	_	imore	Catonsy	1	YES NO		1909 Rolli			Road	d 21228
	H. FATHER'S NAME					15 MOTHER'S MAID	ENNAM	NE .				
1	Henry	- 17	MIDDLE	Hoern	ia	Cora		WIDDLE		F	unzi	6
1	160 WAS DECEASED EVER	IN U.S. AR	MED FORCES?	166. SOCIAL SECU	2	17 INFORMANT		ADDRE	55	210		
1	(YES, NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	212-74-	3313	Joseph E	St	rohmer 8618	_			
1						т освери в		TOTHET OUT	/	<u> </u>		MATE INTERVAL ONSET AND DEATH
ı	18. CAUSE OF DEATH PART I. DEATH W.	AS CAUSE	D BY:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Lun	CANMON	11	Tives moti	ZHER	,	BETWEEN	DNSET AND DEATH
ı		IMMEDIATE CAUSE (o) WOOD THE THE CONTROL OF THE CON										
1			DUE TO, O	R AS A CONSEQUE	ENCE OF							0
1	Conditions, if ony, which gove rise to immediate									-		
ı	couse (a), stating underlying couse		DUE TO, O	R AS A CONSEQUE	ENCE OF							
ł	and any mg course	1031.	((c)									
1		I FICANT C	ONDITIONS CO	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE	ETERMI	NAL DISEASE OR CON	ITION GIV	VEN IN	I PART 10	٠, ٥
4	190 DATE OF OPERAT											
ì	5 190 DATE OF OPERAT	ION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		20a AUTOPSY?				OF DEATH?
	# L							YES NO		ES 🗌		NO 🗌
	21a. ACCIDENT WAS UND			F INJURY M. MONTH D.	AY YEAR	21c. HOW INJURY O	CCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM TS	PARTIC	ORPART 2)	
1	OR CONTRIBUTING C		in .		19							
1	CIFETHER NOTIFY MEDIC	:ED	21e. PLACE		14.	211 LOCATION		CITY OR TO	WN		OUNTY	STATE
1	WHILE NOT WH	ILE	(AT HOME ST	REET, FACTORY, OFFICE, F	ARM ETC)	SIREET		(1170410			.00/417	JIAIL
1	22a. I certify that (I)		tol) ottended th	e deceased from_	62	J-X7 19-		10 8-4-	87	19_		that (I) (we) lost
1	saw the decease obove, (1) (we)	d alive on	7-19	-87 19		nd that in (my) (aur) o	pinion d	eath occurred on the do	te and hou	ur and	from the	couses stated
1	27b. SIGNATURE	ra) (did no	view the body	offer deoth.		DEGREE		The state of the s			IN DATE	SIGNED
	11	24/1	unl	9		MID ATTEND	ING A	MEDICAL STAF	F		8/	182
H	224 PHYSICIAN'S NA	ME (TYPE O	R PRINT)	/		22ª ADDRESS	IAN	DRECTOR PHYSIC	AN []		13	107
		6	2111				c Uc	on Once	ology	Do	nt	
-	Gormley	7 /1	406		14445 05 5	St. Agne			TOGY	De	Pr.	
	230 BURIAL, CREMATION, (SPECIFY)	REMOVAL	236. DATE			EMETERY OR CREMA		23d. LOCATION	P.F	COL	UNTY	STATE
	Burial		8/7/87	/ Ne	w Cat	hedral Cem		Baltimore	3		M	aryland

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

Burial 8/7/87 New Cathedral Cem.

74. FUNERAL DIRECTOR 21229
Hubbard Funeral Home, Inc. 4707 Wilkens Ave. 24. FUNERAL DIRECTOR

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE AUG 0 7 1087

A.L.

Sept.

AUG 0 7 YOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIÈNE

22360

1	RYGISTRAR		CERTIF	CERTIFICATE OF DEATH REG. NO.								
n	1. DECEASED NAME FIRST	WIDDLE	l.	AST	20 DATE OF DEATH		AY YEAR	26 HOUR				
	NANC	Y LEL	5	TUART	4	106.	7.1987	12:55 M				
И	3. SEX	RACE	5 DATE OF BIRTH		6. AGE (IN YEARS LAST BIE		FUNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.				
	TEMALE	WHITE	JA	. 1	57	YRS	DATS	HOURS MIN.				
	III BIRTHPLACE (STATE OF FOREIGN TOUNTRY)	L CITIZEN OF WHAT COL	MARRIE	D NEVER MARRIED X	9. BALTIMORE CITY C	R COUNTY	OF DEATH		•			
	Md.	U.S.A.	WIDOWE					e County MD.				
7	0 CITY OR TOWN OF DEATH	1. NAME OF HOSPITAL, I		R OTHER INSTITUTION	120 USUAL OCCUPAT			BUSINESS OR				
М	ONINGS MILLS	ROSE WOO.	ER	none -								
1	130. STATE 136 COUNT			134 INSIDE CITY LIMITS?	13e. STREET ADDRESS		nas M	ills Mo	f			
2	Md. Balt	o. Owing	gs Mills	YES NO	Rosewood		e Hosp. 2111					
2	FATHER'S NAME	IDDLE	AST	15 MOTHER'S MAIDEN NAM	VE WIDDLE				,-			
(Harry L		tuart	Marjori			No:	rford				
		MED FORCES? 166 SOCIA	L SECURITY NO.	17 INFORMANT	ADDR	siste	A Tho	rdeen A	A .			
1	no	213-	76-1777	Marjorie :	Davison (1 20 1	206	7				
	18 CAUSE OF DEATH (Enter only	one couse per line for (a),	(b), and (c)					MATE INTERVAL	:			
	PART I. DEATH WAS CAUSED	CAUSE (a) CARD	10 RESP.	IRA TORY AR	REST				,			
1	A CONTRACTOR OF THE PARTY OF TH	DUE TO, OR AS A COM	SEQUENCE OF	/								
4	Conditions, if ony, which		MINAL	CANCER								
1	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CON	SEQUENCE OF									
	underlying couse lost		200									
	PART 2 OTHER SIGNIFICANT CO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0										
	190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING											
1	MO DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION	WAS PERFORMED	20a AUTOPSY? 20b. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF			GS USED				
	arr and a second			YES NO YES			NO [
7	00 000000000000000000000000000000000000	HOUR A.M. MONT	H DAY YEAR	21¢ HOW INJURY OCCURRE	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	RT I OR PART 2)					
	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19									
1	OR CONTRIBUTING CAUSE OF DEATH	21e PLACE OF INJURY (AT HOME, STREET, FACTORY	OFFICE FARM, ETC.)	211 LOCATION STREET	CITY OR TO	wN	COUNTY	STATE				
1	AT WORK NOT WHILE AT WORK		- 0		1111		0.7					
	22a I certify that (1) (this hospita	3 /1/	(2)	19 86	10_AUG	1	9 87 11	not (I) (we) lost				
	sow the deceased alive on above, (1) (we) (did) (did not)	view the body after death	_19_8, on	d that in (my) (our) opinion d	eath occurred on the de	ote and hour	and from the co	ouses stated				
	22b. SIGNATURE	m .		DEGREE ATTENDING	MEDICAL STAL	. /	22c. DATE S	IGNED				
4	graselli C.	& campo	M.	PHYSICIAN [MEDICAL STAI	IAN D	AU6.	7, 1987	Z			
1	THE SICIAN'S NAME (TYPE OR	PRINT)	2.	22e ADDRESS	2	0	WINGS	MILLS				
	MOSELITO	C. OCAM	10, M.D	ROSEWOO	D CENTE	K	Md. 2	117				
		23b. DATE		EMETERY OR CREMATORY	23d LOCATION		COUNTY	n ethit				
	BURIAL	8/7/87	Garden	s of Faith	Baltim	ore		Md.				

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP

3331 Brehms Lane, Balto. Md. 21213

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

lia Dividson Pradallo

Leonard J. Ruck Inc. Baltimore, Maryland

DHMH - 17

(VR A15 ME (5))

STATE OF MARYLAND

Mary Letter Company of the State of the Stat OUR DESIGNATION OF TAXABLE PROPERTY. the Target Light of while and hand terms, the mast half, well days to be seld

FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGUNE CERTIFICATE OF DEATH

126	HOISTRAK								5. NO.		1.7		
	CEASED NAME	FIRST	M	IDDLE	L	AST		20 DATE OF DEAT	H MONTH	DAY YEAR	26 HOUR		
	HELE			arie	SUMM	ERS		8/ 23/87			2:34A	М	
3. SE	X	4. F	RACE		5. DATE C	OF BIRTH	YEAS	6 AGE IN YEARS LA	ST BIRTHDAY)	MONTHS DAYS	HOURS 1	AIN.	
	FEMALE		WHITE		5	°^*28	09	78 YRS					
	RTHPLACE (STATE OR F	OREIGN 76		VHAT COUNTRY?	MARRIE	D NEVER M	ARRIED 🗆	9 BALTIMORE CIT	Y OR COUN				
	New York		USA		WIDOWE		ORCED 🗌	120 USUALOCE	MORE	County		MD	
110 CI	ITY OR TOWN OF DEA	IH III.		OSPITAL, NURSING	DDRESS)	0		(TYPE OF WORK FOR M	DST OF WORKING		OF BUSINESS	SOR	
	WSON ALRESIDENCE (# NURS	GBN NG HOME OR OTH	1C, b/L		HARL	ES STRE		Homema	ker				
130 S	aryland	Baltir		Phoenix				2117 Hig	ss / zip coi ghland	Ridge [Dr.,21	113	
14 FA	John	Geor		Jackle		15 MOTHER'S	IRS1	MIDD	ehr	LAS	31		
	WAS DECEASED EVER	IN U.S. ARME		166 SOCIAL SECUR	ON YTIS	17 INFORMAN			DDRESS	2113			
	No	-	095-18-		6906 Mrs. June S		S. Sturm, 2117 Hi		Highland	ighland Ridge			
CERTIFICATION	PART 2 OTHER SIGNIFICANT CONDITIONS COL			INTRIBUTING TO D	ING CARDIAC ARRYTHMIAS IG TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN THE CONDITION OF THE PROPERTY O					YES, WERE FINDIN	S, WERE FINDINGS USED		
Ĭ								YES NO YES YES			NO [
	OR CONTRIBUTING (IF EITHER NOTIFY MEDIC	AUSE OF DEATH	21b. TIME OF HOUR A./	A. MONTH DA	Y YEAR	21¢ HOW INJ	URY OCCURRE	URRED (ENIER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)					
MEDICAL	216 INJURY OCCURE		21e PLACE ((AT HOME STR	OF INJURY BET, FACTORY OFFICE, FA	RM ETC)	211 LOCATION	N	CITY	OR TOWN	COUNTY	STAT	.TE	
	220 I certify that (I)		attended the	deceosed from			. 19	, to		. 19			
	sow the decease above, (1) (we) (c	id olive on lid) (did not) v	ew the body	ofter death.	or	nd that in (my) (our) opinion d	leoth occurred on t	he date and h	our and from the	couses state	ed	
	27b. SIGNAJURE Rome Some Stan				DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN [7]						SIGNED		
	THAIS G	//				GBMC							
	BURIAL, CREMATION,		3b DATE			EMETERY OR CI		23d LOCATION	N	COUNTY	STA	ATE	
Βu	ipial	100	8/25/8	7 Pula	aney	Valley		ardens T	imoniu				
_		V.Cel	ry	ADDRESS		24225	250 DATE	REC'D BY REGIST	PAR 256 REGI	STRAR'S SIGNAT	URE		
E	Bryan W. C	Jary,	10 W.	Padonia	Kd.,	21093	7.00		9				

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

IMPORTANT: If them 21 is marked at them 18 shams on, injury, or other troumattic events

Section of the second of the s

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

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STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL HYGI CERTIFICATE OF DEATH	DE /	REG. N	2	2	J	
ŁAST	20 DATE OF	DEATH	MONTH	DAY	Y	E

CED	1-	FOR STATE REGISTRAR		DEPARTM		ICATE OF DEATH	REG. NO		6	<u>ن</u>
25L		CUSED NAME FIRST	٨	MIDDLE	ŧ	AST	20 DATE OF DEATH	MONTH DAY	YEAR 2b	HOUR
	Camilla		a	Μ.	Svr	jcek		8-30-1	487 6	A M
	3 SEX	X 4.	RACE		5. DATE C		6 AGE (IN YEARS LAST BIRT	HDAY) IF UNI		UNDER 24 HRS
15	-	female	cauc	•	5	-27-9/	96	YRS		
35		RTHPLACE (STATE OR FOREIGN 76 COUNTRY) Maryland	USA	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED	9 BALTIMORE CITY O	COUNTY OF D	Ballle	MD.
Contract		BAITO.	EHS!	TPOINT POINT	G HOME C	NSG HOME	Type of work for most of housewife		KIND OF BUILDUSTRY	
35	13a S	AL RESIDENCE (IF NURSING HOME OR OF STATE 13b COUNTY Maryland Balt:		13c. CITY OR TOWN Dundalk	aomission) V	134 INSIDE CITY LIMITS? YES NO X	13e STREET ADDRESS / 2411 Mea	ZIP CODE	2122	22
RX	4 FA	ATHER'S NAME FIRST MICE	DDLE	Zika		15 MOTHER'S MAIDEN NAM	WE		Furst	
(分)		WAS DECEASED EVER IN U.S. ARME	D FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE			
4	-	YES, NO OR UNKNOWN) (IF YES, GIVE W	VAR OR DATES	219-22-5	084A	Franklin R	. Svrjcek 2	411 Mead	low Roa	d 21222
qury, or other troumonc even	NO	Conditions, if any, which gove rise to immediate couse to immediate couse to is stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CO	DUE TO, OI DUE TO, OI DUE TO, OI (c)	R AS A CONSEQUE	NCE OF	f Ses	INAL DISEASE OR CONI	DITION GIVEN IN	N PART Tro	
9	CERTIFICATION	198 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING YES []	CAUSES OF	
9		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME O HOUR A. P.	M. MONTH DA	Y YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	Y IN ITEM 18 PART 1 C	OR PART 2)	
orked	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
Ē		22a. I certify that (I) (this hospital	l) ottended th	e deceased from_			, to			t (I) (we) last
If hem 21		saw the deceased alive on above, (I) (we) (did) (did not). 276 SIGNATUII	view the body	ofter death.	, 0	nd that in (my) (our) opinion DEGREE ATTENDING	MEDICAL STAF	F	22c. DATE SIG	
IMPORTANT	230	774 PHYSICIAN'S NAME THE ORE		1 23c N	NAME OF C	PHYSICIAN [22e ADDRESS	DIRECTOR PHYSIC	IAN []	9.7	

21222

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT: If hem 21 is

should be detoched for use os the buriol-transit permit. Then please remove corbon pape with the State Dept. of Health and Mental Hygiene prior to burial, cremotian, or removal.

TO FUNERAL DIRECTOR, After this certificate has been signed by the

9-2-87 Bohemian National Burial Duda-Ruck Funeral Home of Dundalk 24 FUNERAL DIRECTOR 7922 Wise Ave. Dundalk, MD

AUG 3 1 1987

Baltimore Maryland

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06229 th AUG

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

MIDDLE

YEAR

REG. NO

MONTH

2n DATE OF DEATH

26 HOUR Marie Amelia TARR IF UNDER ! YEAR 1 5EX 4 RACE 5. DATE OF BIRTH AGE LIN YEARS LAST BIRTHDAY YEAR MONTH DAY 9 30 08 78 Female White O. BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED U.S.A. DIVORCED Baltimore County Maryland WIDOWED MD. 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION CITY OR TOWN OF DEATH 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) I # NOT IN SUCH FACILITY, GIVE STREET ADDRESS! INDUSTRY Catonsville Summit Nursing Home Homemaker ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130. STATE 136 COUNTY 13e STREET ADDRESS / ZIP CODE 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? Millersville 329 Lazywood Court 21108 A.A. YES [NO X Maryland 15. MOTHER'S MAIDEN NAME 14-FATHER'S NAME MIDDLE LAST LAST. FIRST May Batz Emma Peter ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 329 Lazywood Ct. 216-72-3805 A. Ford Tarr, Jr. NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 80 LEV. 1 3 COLD & 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. JF YES, WERE FINDINGS USED 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO YES [210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION COUNTY STATE CITY OF LOWN (AT HOME, STREET, FACTORY, OFFICE, FARM ETC.) AT WORK NOT WHILE

22b. SIGNATURE 224 PHYSICIAN'S NAME (TYPE OF PRINT

- STATE

REGISTRAR

EIRST

DECEASED NAME

22e ADDRESS

MITTENDING

DEGREE

and that in (my) (aur) apinian death accurred on the date and hour and from the causes stated

BP

DIRECT

FUNERAL I be deto

MPORTANT

the 0

DHMH - 16 60M 7/84 (VRA 15, 4)

23ª BURIAL CREMATION, REMOVAL 23b. DATE 8/11/87 23c. NAME OF CEMETERY OR CREMATORY

New Cathedral Cemetery Baltimore

Maryland

24 FUNERAL DIRECTOR Hubbard Funeral Home, Inc. 4107 Wilkens

220 | certify that (1) (this haspital) attended the deceased from 6 saw the deceased olive an abave, (I) (we) (did) (did nat) view the bady after death.

MEDICAL

PHYSICIAN THEETOR PHYSICIAN

062294 AUG 1187 12-1-8 ETTO THE RESIDENCE OF THE PROPERTY OF THE PROPERTY

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGUNE

2

90 AUGII	FOR STATE REGISTRAR	DEPARTA	NENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	REG. NO.					
	CEASED NAME FIRST ABIGAIL	S	TAYLOR	20 DATE OF DEATH MONTH DAY YEAR 25 HO 12:					
3. SE	x Female	Nhite	5. DATE OF BIRTH August 27, 1898	6 AGE (IN YEARS LAST BIRTH	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DATS HOURS MIN. YRS				
10. B	IRTHPLACE (STATE OR FOREIGN COUNTRY) Penna.	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALT IMORE					
	TOWS ON	G.B.M.C.	NURSING HOME OR OTHER INSTITUTION 126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTR						
130	STATE 136 COUL	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 130. CITY OR TOW Baltimo	re YES X NO		ZIP CODE Ddore Avenue 21214				
25	Henry	C. Jones	15. MOTHER'S MAIDEN NA FIRST ISabel:	belle Schields					
	WAS DECEASED EVER IN U.S. AF (YES, NO GRUNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 212-26-2512A Hugh Anderson 5904 Theodore Ave. 21214							
ury, or other troumatic	Conditions, if ony, which gove rise to immediate couse (of), storing the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110								
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)				
	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	R) P.M.	AY YEAR	RRED (ENTER NATURE OF INJURY	Y IN ITEM 18 PART I OR PART 2)				
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE F	211 LOCATION STREET	CITY OR TOW					
	sow the deceased alive or above, (I) (we) (did) (did no	ntol) 81/3ded the deceased from 19_ n19 ot view the body after death.		to 8/5	te and have and from the causes stated				
	226. SIGNATURE	n Cidi,		MEDICAL STAF	FIAN 8/5/8 >				
	CAROLYN CIDIS, M.D.								

DHMH - 16 60M 7/84

BP.

(VRA 15, 4)

23a BURIAL, CREMATION, REMOVAL Cremation Aug 6 1987 23c NAME OF CEMETERY OR CREMATORY Westview Memorial

23d LOCATION
CITY OR TOWN

Baltimore

Maryland

24 FUNERAL DIRECTOR

Leonard J. Ruck, Inc. Baltimore, Maryland

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ti County				8.0		Penna.
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		lon thel	y and	HIM .o		LienosI

FARE & STATE

1 -	FOR STATE REGISTRAR	DEPARTMENT OF H	DEPARTMENT OF HEALTH AND MENTAL HYGIENE / 2 2 3 6 6 CERTIFICATE OF DEATH REG. NO.							
	CEASED NAME FIRST LORPRINT) LSI CLORE	Tex		26 DATE OF DEATH	MONTH DAY YEAR 31 87	8:654 M				
SE	× MALE 4 F	HITE S. DATE O	F BIRTH 8	6 AGE (IN YEARS LAST BIRT	YRS MONTHS DAY					
N	IARY LAND	MARRIED U.S.A. WIDOWE NAME OF HOSPITAL, NURSING HOME O (IF NOTIN SUCH FACILITY, GIVE STREET ADDRESS)	ROTHER INSTITUTION	9 BALTIMORE CITY OF	MILE CLOS M	OF SUSINESS OR				
30. S	AL RESIDENCE (IF NURS ME OR OTH STATE MO	ER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	134 INSIDE CITY LIMITS?	13. STREET ADDRESS / 360/ For	ZIP CODE	21215				
4 F/	GEDALIA MIDE	TERL	IS MOTHER'S MAIDEN NAM SARAH	WE	JORNIT	ŻSKY				
	VAS DECEASED EVER IN U.S. ARMED YES, NO OR UNKNOWN) (IF YES, GIVE WA		17 INFORMANT FRANCES TERL	3601 FORDS		7(21215)				
	Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF	MENARY AR.	K6) T	APPR BETWEE	DXWATE INTERVAL N ONSET AND DEATH				
CERTIFICATION	PART 2 OTHER SIGNIFICANT CON	NOTIONS CONTRIBUTING TO DEATH BUT		200 AUTOPSY?	20b. 1F YES, WERE FINE IN CERTIFYING CAUSI	INGS USED				
	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c HOW INJURY OCCURR	YES NO	YES	NO []				
MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN COUNTY STATE						

22e ADDRESS

220.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive an 3/3/2:30 AP 19 saw the deceased alive an above, (I) (we) (did) (did not) view the body after death

NOT WHILE

DEGREE

ATTENDING PHYSICIAN

MEDICAL

STAFF

(our) opinion death occurred on the date and have and from the couses stated

230 BURIAL, CREMA
(SPECIFY)
BURIAL

224 PHYSICIAN'S NAME

276. SIGNATURE

73h DATE 9/1/87 23c NAME OF CEMETERY OR CREMATORY

23d LOCATION CITY OF TOWN
SHE SFARD-ROSEDALE

STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

4 SEP

within 72 hours after

Poges

n popers. physicio

The detached for use as the burial-transit permit. Then please remove carbon paper in the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal

After this certificate has been

ATTENDING

TO HOSPITAL OR

etained by the hospital or

BP.

TO FUNERAL DIRECTOR.

injury, ar other troumatic

18 shows ony

morked or Item

MPORTANT: If hem 21 is

KNESSETH ISRAEL REISTERSTOWN RD. BALTO, MD 21215

ANSHE Dander P

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

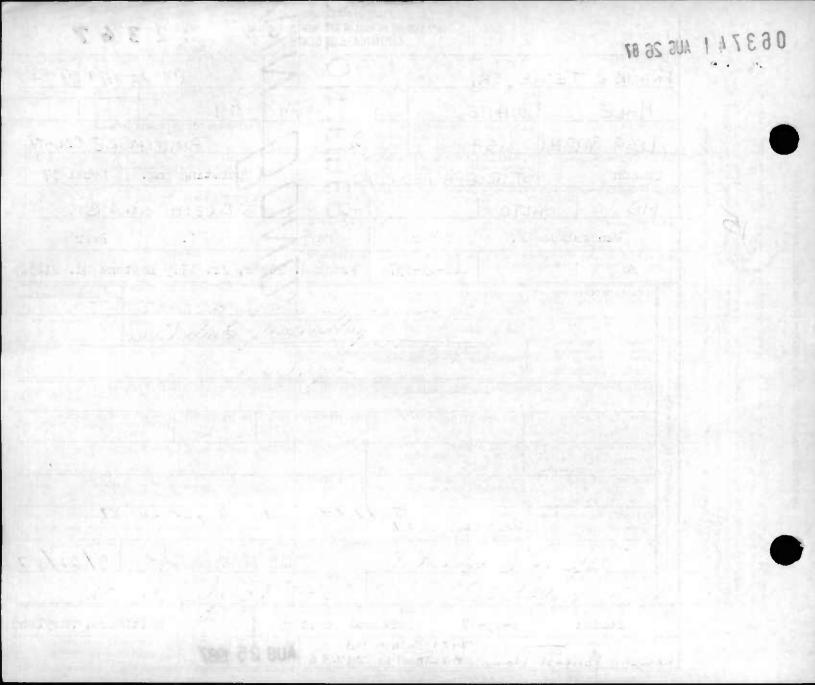
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EC NO				

1 - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH CERTIFICATE OF DEATH REG. NO. 2 3													
	FK	PANK R. T	ESAR	SR	AIDDLE		AST		0	8 22	1987	910AM	
	3 SE)	MALE WHITE			E WHAT COUNTRY	5. DATE (16 190°	7 PALI	6. AGE (IN YEARS LAST BIRIHDAY) 17 G YRS 19 BALTIMORE CITY OR COUNTY OF DEATH				
3	10. C1	LUSA, BALT	ond III.		HOSPITAL, NURS	WIDOWE	D NEVER MARRIED DIVORCED DROTHER INSTITUTION	120 US	BA	LTIM	ORE (COUNTYMD.	
5		OWSON	S HOME OR OTHE	T JOS	EPH'S1	HOSPIT	AL 1130 INSIDE CITY LIMITS		erating		LOCA	al 37	1
2		THER'S NAME	RAL	TO			YES NO M	15-	DCEDE	RBU		10 39	
U		"Wences]		Ħ.	Tesa		Marry		ADDRES		Baes	r	
1	16a V	(AS DECEASED EVER IN	U.S. ARMEL (IF YES, GIVE WA		212-03		Frank R.	Tesar,					
		10 A 10 A	S CAUSED BY	/: AUSE (0)	line for (a), (b), o	2000	al mone	ned	acco	Lisu	APPROXI BETWEEN C	MATE INTERVAL INSET AND DEATH	
		Conditions, if ony, v gave rise to imme cause (a), stating underlying cause	diate the lost	(c)	R AS A CONSEO		Second Not RELATED THE T	TERMINAL DI	SEASE OR COND		IN PART 110	1:	
9	CERTIFICATION	190 DATE OF OPERATION 196 CONDI			TION FOR WHIC	OR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 201 IN			IN CERTIFY	NOB. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES NO			
9	MEDICAL CER	210. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER NOTIFY MEDICAL	USE OF DEATH .	P./	M. MONTH M.	DAY YEAR	21c. HOW INJURY OC	CURRED (EN	TER NATURE OF WHUR	Y IN ITEM 18 PAR	I OR PART 2)		
	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		21e PLACE (DF INJURY EET, FACTORY, OFFICE	E FARM, ETC)	211 LOCATION STREET		CITY OR TOW		COUNTY	STATE	
		22a. I certify that (1) (the saw the deceased above, (1) (we) (did	olive on	ava;	22 19.	87 . or	nd that in (my) (our) opin	nion death oc	curred on the do	te and haur o	nd from the		
		DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN								8/	22/87		
		224 PHYSICIAN'S NAM	144	BIV	5		270 ADDRESS	Jes	ing	Hos	DEt.		
	- (URIAL, CREMATION, RE	MOVAL 2	8-25-	87	Parkw	emetery or cremato	У	CITY OR OWN			Maryland	1
14		SSONN Fun	ers) 1	Home	MHO NADDRESS		Rd. 21236 Al	UG 25	1987 g	Sb. REGISTRA			

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

IMPORTANT: If Hem 21 is morked or Hem 18 shows any injury, or other troumatic event



FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENT ADHYGIENE

1		REGISTRAR		C	ERTIF	ICATE OF DEATH	REG. N	0.	4 1	Soul Ball
		CEASED NAME FIRST BOSS	i.0 "	NIDDLE	+	romas	8-11-5	nonth D.	AY YEAR 2	HOUR AM
	3. SE)	Female	Blace	ck	MONTH	DAY YEAR 18	6. AGE (IN YEARS LAST BIR	YRS	ONTHS DATS	F UNDER 24 HRS
5	C	RTHPLACE (STATE OR FOREIGN OUNTRY)	U.S	. A . w	MARRIE	D DIVORCED	Baltiv	nove		MD.
7		BAYME	2600 h	H FACILITY, GIVE STREET ADD	The	OR OTHER INSTITUTION	170 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF	OF WORKING LIFE		BUSINESS OR
5	13a S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COUNTY AND THE STATE STAME		130 CITY OR TOWN		13d INSIDE CITY LIMITS? YES M NO 15 MOTHER'S MAIDEN NAM			STREET	21217 <u>APT.9</u> 0
9	14 [%		MIDDLE	THOMAS		LOVEY	MIDDLE		ELL	TTOI
		VAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IF YES, GIV NO	MED FORCES?	228-05-5		MARY WALTER	S 1645 E			
		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA	one couse per D BY TE CAUSE (o)	line for (a), (b), and ic	nic				APPROXIMA BETWEEN ON	ATE INTERVAL ISET AND DEATH
	TION	Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying cause lost. PART 2 OTHER SIGNIFICANT (UTE, ASCU)	DUE TO, OF	F: Dema	TH BUT	PVD: UK	er @ Loot	-	N IN PART 110	Trueto.
7	CERTIFICATION	190 DATE OF OPERATION	- 196. CONDI	TION FOR WHICH OP	EKATIO		YES NO	IN CERTIFY YES	ING CAUSES C	
7	MEDICAL CE	2 to ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED	100	M, MONTH DAY M.	YEAR 19	216 HOW INJURY OCCURR				
1	ME	WHILE NOT WHILE AT WORK	(AT HOME, STR	EET, FACTORY, OFFICE, FARM	, ETC)	STREET	CITY OF TO)WN	COUNTY	STATE
		220.1 certify that (I) (this hosp sow the deceased alive or above (II) we) (did) (did no 27b. SIGNATURE	naus	WCT 19 %		nd that in (my) four opinion of DEGREE ATTENDING	to death occurred on the d			
		22d PHYSICIAN'S NAME (TYPE OF	OR PRINT)	ging	M	PHYSICIAN [Modice		when	4.1787
		BURIAL, CREMATION, REMOVAL		5/87 BAI		MORE CEMETER	23d LOCATION CITY OR TOWN BALTI	MORE.	COUNTY	STATE M D
4	24 FU	UNERAL DIRECTOR NAME MARCH F	/H, IN	ADDRESS		NORTH AVE AU		256 REGISTR	Deviden-	

DHMH - 16 60M 7/8-(VRA 15, 4)

BP.

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DHMH - 16 60M 7/84 (VRA 15, 4)

7.00	032 ATTIE 5	12)/ Frank	TIU pdagle 102	pital	- Decre	rary	urniture Store
	AL RESIDENCE (IF NURS	ING HOME OF OTHER INSTITUTION	GIVE RESIDENCE BEFORE ADMISSIONS	136. INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE	
N	[arv] and	Baltimore	Middle River	YES NO	3719 E Whi	te Pine	Road 21220
14_F/	Enoch	MIDDLE S	LAST	15 MOTHER'S MAIDEN NA	MIDDLE		LAST
Ing. V		IN U.S. ARMED FORCES?	166 SOCIAL SECURITY NO.	17 INFORMANT		flridge	Dand
	YES NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)	300				
1	io Oi	PROD	138 20 9404	John Thomas	Baltimore P	arvland	
	18 CAUSE OF DEAT PART I. DEATH W	IMMEDIATE CAUSE (o)	Acute Myocard	dial Infarctio	on		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony		Atheros cleros	sis of Corona	ry Arteries	. Serev	re
	gove rise to imi	nediote					
	underlying couse		R AS A CONSEQUENCE OF				
	DADT 2 OTHER SIGN	VIETCANT CONDITIONS C	ONTRIBUTING TO DEATH BUT		AINIAL DISEASE OR CON	DITION CIVEN II	UDART 1
z	PART 2 OTHER SIGN	VIFICANI CONDITIONS C	ONTRIBUTING TO DEATH BUT	I NOT KELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN II	YPARI NO
1 5		Tion Court	THE PARTY OF THE P		In autonous	Table of MEC 14/E	of chinaton us-
CERTIFICATION	190 DATE OF OPERA	ION IN CONL	OITION FOR WHICH OPERATIO	ON WAS PERFORMED	200 AUTOPSY?		RE FINDINGS USED CAUSES OF DEATH?
Ē					YES X NO	YES [NO 🗆
	218. ACCIDENT WAS UNI		OF INJURY .M. MONTH DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM IB PART !	OR PART 2)
N N	(IF EITHER NOTIFY MEDI	CAUSE OF DEATH	.M. 19				
MEDICAL	216 INJURY OCCUR		OF INJURY	211 LOCATION STREET	CITY OR IC	NWN (COUNTY STATE
Z	WHILE NOT WE	HILE	REET FACTORY OFFICE, FARM ETC)	SINCEI	CITTORTO		31410
		(this hospital) attended to	ne deceased from Augu	ist 31 10 87	to_August	31. 19.	B/that (ff (we) last
	sow the deceos		t. 31. 19.87. o	nd that in (my) (our) opinion			
	PZB. SIGNATURE O	7. Wuller	I mo	DEGREE ATTENDING PHYSICIAN [MEDICAL STA	F.F	22c. DATE SIGNED
	22d PHYSICIAN'S N.			22e ADDRESS			
	Dr. F	aul Wielebir	ski	9000 Frank	klin Square	Drive	21237
	BURIAL, CREMATION,	REMOVAL 236 DATE 9/3/87		unt Cemetery	Chatham I	New Jerse	UNITY STATE
E .	uneral director	Funeral Home	PA 1407 Old 1	Eastern Ave SE	P 1 1987		S SIGNATURE
	7			1860		0400 At 1	toward market a

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL-HYGIENE

26 HOUR

126 KIND OF BUSINESS OR

INDUSTRY

YRS

4:35A

IF UNDER 24 HRS

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ASS brokensk enter in The Arman service will be would be become

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The state of the s

wherea and maldred transferred temporalists 15/1/4 fortunit

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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

4	KEGISTRAK		40	ALL OF DEATH	REG. NO). T		
1	I DECEASED NAME FIRST	WIDDLE	£AST.	24	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR P
1	26 87 John	Stephen	Toll	e	August 20,	1987		10:30 M
1	1 SEX	4 RACE	5. DATE OF B	DAY YEAR	6. AGE (IN YEARS LAST BIRT	HDAY) IF UN	DER I YEAR	IF UNDER 24 HRS
	Male	White		11, 1951	36	YRS		
4		76 CITIZEN OF WHAT COUNTRY	? 8	NEVER MARRIED 1	9 BALTIMORE CITY O	COUNTY OF	PEATH	
)	Baito, Maryland	U.S.A.	WIDOWED	DIVORCED [Baltimore	oh		MD.
1	Dundalk	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE 6829 Roberts	S Ave.	OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Mechanic		NOUSTRY LUTO F	Repair
2	USUAL RESIDENCE IN NURSING HOME OR 136. STATE Maryland Balt	ITY I 13c CITY OR TO	WN 131	I INSIDE CITY LIMITS?	13e STREET ADDRESS / 6829 Rober		212	222
3	A) FATHER'S NAME	MAIDDLE LAST	15.	MOTHER'S MAIDEN NA	WE		1467	
4	John C	Tolle		Grace	WIDDLE		Forz]	У
Ī	160 WAS DECEASED EVER IN U.S. AR		URITY NO. 17	INFORMANT	ADDRE	SS	1	
١	NO OR UNKNOWN) (IF YES, GIV	216.58.	1918	Grace M. To	lle (Mother	c) (Sam	e as	13e)
1	IS CAUSE OF DEATH (F-A	ly one cause per line for (a), (b), c		1			APPROXIA	MATE INTERVAL
1	PART I. DEATH WAS CAUSE	D BY:	1.5000	and ill so	line	1100	C	C VIO
1	IMMEDIATE CAUSE (0) BROWNED SOLED TO A PLEW S							
1	FOREST TWO PORTS	DUE TO, OR AS A CONSES	UENCE OF	10				
١	Canditions, if any, which	((b)						
1	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQ	UENCE OF					
1	underlying cause last.	(c)						
1	-	CONDITIONS CONTRIBUTING TO	DEATH BUT NO	T RELATED TO THE TERM	INAL DISEASE OR CONE	ITION GIVEN I	V PART Ira	
4	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	W. CONDITION FOR VIVE	ODER ATION I	VAC BERE OR VEG	Las AUTORGYS	Took IF VEC W/F	DE CINIDAN	00.1000
1	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION V	VAS PERFORMED	200 AUTOPSY?	206 IF YES, WE IN CERTIFYING		
ñ	ET ET				YES NO	YES [NO 🗆
ï	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	Ic HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM IS PART I	OR PART 2)	
H	IF EITHER NOTIFY MEDICAL EXAMINER	in	19					
1	(IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	21e PLACE OF INJURY		I LOCATION STREET	CITY OR TO	WALL (OUNTY	STATE
П	HILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE	, FARM, ETC)	STREET	CHTORIO			310.0
J		tal) attended the deceased fram	8-1	5-8/-19	10 5-2C	-X 19		hot (I) (we) last
	saw the deceased alive an	7-19-01		hat in (my) (aut apinion	death accurred an the da	te and hour and	I from the o	causes stated
1	22b. SIGNATURE	yew the body after death.	DEC	GREE			22c. DATE S	SIGNED
9	1.124	onny	m)	ATTENDING	MEDICAL STAF	F	0/21	/1987
	22d PHYSICIAN'S NAME (1900)	D DDINT)	12:	Re ADDRESS	DIRECTOR PHYSIC	IAN	0/21/	130/
	10 1.	DRM (BY		900 CATON	IAW 6	ALTO.	MD	2229
ij	230. BURIAL, CREMATION, REMOVAL	and the second s	NAME OF CEM	ETERY OR CREMATORY	23d LOCATION	1.01	UNTY	STATE
	Burial	8/24/1987 0	ak Lawn	Cemetery	Baltimo	re	Mary	rland
				T	E REC'D. BY REGISTRAR			

DHMH - 16 60M 7/84 (VRA 15, 4)

Walter Brooks Bradley Inc., Dundalk Md. 21222

AUG 25 1987 Julia Dividion Pendera

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medico

INPORTANT: If them 21 is marked or from 18 shows any injury, or other traumatic event, the

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	8 8	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL H	HYGIENE /	REG. NO	2 3	7	
		CEASED NAME	FIRST	1	MIDDLE	L	AST	20 DATE C	OF DEATH MON	TH DAY YE		IOUR
		NORM	IA			TO	LLIN	AUGU	JST 28, 3	1987	1/0	A M
	3. SE)	K	4.	RACE		5. DATE C			YEARS LAST BIRTHOAY	MONTHS I	YEAR IF UN	NDER 24 HRS
N	1	FEMALE		CAUC	CASIAN	OCTO	BER 21, 1900	0 86		YRS.		
u	Ja Bil	RTHPLACE (STATE OR FO	DREIGN 76	CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIM	ORE CITY OR CO	DUNTY OF DEAT	ГН	
0		MARYLAND		U.S.		WIDOWE	DIVORCED		BALTIMORI			MD.
ÿ.	10. CI	TY OR TOWN OF DEAT	TH 1		HOSPITAL, NURSIN		OR OTHER INSTITUTION		L OCCUPATION ORK FOR MOST OF WO		IND OF BUS	SINESSOR
1		ALTIMORE			AN NURSIN		E		HOUSEWII	FE	AT HO	ME
-	USUA 130 S	AL RESIDENCE (IF NURSIF	13b. COUNT	HER INSTITUTION	130 CITY OR TOW	ADMISSION)	134 INSIDE CITY LIMITS	? 13e STREET	ADDRESS / ZIP	CODE		
		MARYLAND	BAL	TIMORE	TOWSON		YES NOXX	1012	ROXLEI	GH RD. 2	1204	
^	14 FA	THER'S NAME	MI	DDLE	LAST		15. MOTHER'S MAIDEN	NAME	MIDDLE		LAST	
1		MAX			SMULSO		MINNIE	3		FRIE	0	
		VAS DECEASED EVER II		ED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRESS			MD
		NO			212-46-	0024	MAX W. TOI	LIN 101	2 ROXLE			
		18 CAUSE OF DEATH	(Enter only	one couse per	line for (a), (b) pn	d ic	1	1	- 1 - 1	BET	PPROXIMATE II	AND DEATH
		PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Renal Failure										
		DUE TO, OR AS A CONSEQUENCE OF										
		Conditions, if any,	which	(b)_	0	H	F					
		gave rise to imm cause (a), stating) The	DUE TO, O	R AS A CONSEQUE	NCEOF						
		underlying couse	last.	(c)_								
	7	PART 2 OTHER SIGN	IFICANT CO	NDITIONS CO	ONTRIBUTING TO	EATH BUT	NOT RELATED TO THE T	ERMINAL DISEA	SE OR CONDITIO	ON GIVEN IN PA	RT 110	
	CERTIFICATION	Co	leag	even	o Col	illo	· Chion	IC F	my	nysom	2	
)	ICA	19a DATE OF OPERAT	ION (196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AU	TOPSY? / 201	CERTIFYING CA	INDINGS L USES OF D	JSED EATH
5	ET							YES [NOX	YES [NO	
1		210. ACCIDENT WAS UNDE	- Land	HOUR A.		Y YEAR	21c. HOW INJURY OCC	CURRED (ENTER	NATURE OF INJURY IN I	ITEM 18 PART I OR PA	RT 2)	
(P. A	(IF EITHER NOTIFY MEDIC	AL EXAMINER)	P.	M	19						
	MEDICAL	21d. INJURY OCCURR		21e PLACE	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET		CITY OF TOWN	COUN	TY	STATE
		AT WORK NOT WHI	K L				1	-	1	0/4	7	
		220.1 certify that (I) (171	- (3 /	D7 '	5 / 19	/ to	8/2	8/ 19	,	(II (wetlast
		sow the decease above, (I) (we) (di	d alive on did not	yew the body	after/death.	, 01	nd that in (my) (aur) o pin	nan death accur	red of the date o	and hour and from	n the couse	is stated
		276 SIGNATURE	-11	an	STIO	191	DEGREE	a \ Lurpica	STAFF	226	DATE SIGN	8/07
			10	pou	wit.	-	ATTENDINE PHYSICIAN	MEDICA DIRECTO	R PHYSICIAN		8/20	8/8/
1		VWW V	ME TYPE OF	NG	UYEN	1	6331 G	Belais	Rd F.	Baltime	ne 2	1206
	23a B	BURIAL, CREMATION, P	REMOVAL	23b. DATE	23()	AME OF C	EMETERY OR CREMATO	RY 23d LOC	CATION	TTMODE		::MD
		BURIAL		8-30	-87 AI	RLING	TON CEMETERY	. 3731	(XXXX BAI (XXXXXXXXXXXX			st MD
	24 FL	INIERAL DIRECTOR	I. LEV	INSON	BROSON		250	DATE REC'D. BY	REGISTRAP 255	REGISTRAR'S SK		1
	60	10 REISTERS	STOWN	RD. BAI	LTO. MD 2	1215	31	-14 1	101 Gulia	Dander	Kandal	5

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL OR

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STATE	OF	MARYLAND	

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

 NO	2	3	7	2

,	1 -	FOR STATE REGISTRAR		DEPARTMENT OF CERT	HEALTH AND A		IENE / 2 2	37	2
		CEASED NAME FIRST OR PRINT) AGA	IES EM	MA. T	omko		20. DATE OF DEATH MONTH , D.	7 87	730 AM
		FEMALE	1 RACE WH17	E O		OT	80 YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS
	N	RTHPLACE (STATE OR FOREIGN DUNTRY) Land	76 CITIZEN OF W	MARR	NED NEVER A	AARRIED	BALTIMORE CITY OR COUNTY		VTY MD.
)		TOWSON	(IF NOT IN SUCH	DSPITAL, NURSING HOME FACILITY, GIVE STREET ADDRESS) VWALD - SO		10110N 2/204	120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE) Secretary	INDUSTRY	sualty C
	130. S Ma	-3		Baltimore	13d INSIDE CI	NO [X	13e STREET ADDRESS / ZIP CODE 249 Rodgers For	ge Rd.	21212
)	14. FA	THER'S NAME Samuel McPher	SON	LAST		Marg Marg	garet Mae Marsh		
	16a W	VAS DECEASED EVER IN U.S. AR (ES NO OR UNKNOWN) (IF YES GI	VE WAR OR DATES	812 - 10-35			116 Butler Rd Reisterstown,		21136
W-1		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA Canditians, if any, which	TE CAUSE (a)	AS A CONSEQUENCE OF		1.350	decident'	D. Hy	MATE INTERVAL INSET AND DEATH
2	CERTIFICATION	gave rise to immediate cause ioi, stating the underlying cause last. PART 2 OTHER SIGNIFICANT DIABETES 19a DATE OF OPERATION	conditions con Mellity	AS A CONSEQUENCE OF NTRIBUTING TO DEATH BIS S. Hugho Fay VION FOR WHICH OPERAT	odisus.	bype		WERE FINDIN	IGS USED
7	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE ITE EITHER NOTIFY MEDICAL EXAMINE 216. INJURY OCCURRED	HOUR A.M	. MONTH DAY YEA	R		ED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT I OR PART 2)	
	MEI	WHILE NOT WHILE AT WORK 220.1 certify that (I) (this hasp	(AT HOME STREE	T FACTORY OFFICE FARM, ETC)	STREET - 3 -	10 8	CITY OR TOWN	COUNTY	STATE hat (I) (methast
<i>T</i>		saw the deceased alive are above. (I) (we did) (did not 22b. SIGNATURS) 22d. PHYS Sidney J.	view the bady h	12 19 87. / Mg	DEGREE A F	TTENDING PHYSICIAN	death accurred on the date and hour MEDICAL STAFF DIRECTOR PHYSICIAN Baltimore, Md.	22c DATES	signed
	(Cremation, REMOVAL SPECIFY) Cremation	23b. DATE Aug. 28	,1987 Gre	enmount		Baltimore City,		

DHMH - 16 60M 7/B4

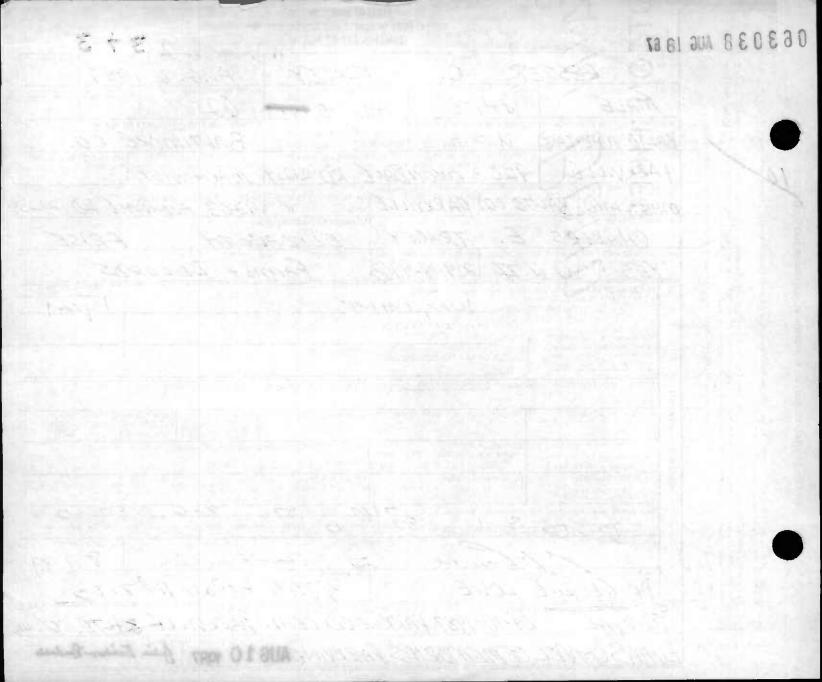
(VRA 15, 4)

BP

Mitchell-Wiedefeld Home, Inc. Balto., Md.21212

1987 Milia Divideon Randale SEP 3

				STATE OF MARYLAND		
000	1.	FOR Item 5 Film G630	8-17-87 SB DEPARTM	ENT OF HEALTH AND MENTAL HYG	IENE	
U38 AUG	181	TEGISTRAR per Funera	1 Home	CERTIFICATE OF DEATH	REG NO.	375
-	I. DE	CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
page 3		LESTE	R C.	TRACEY	AUG. 6.	1987 "
Ter po	3, SE	1	RACE	5. DATE OF BIRTH 1924	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
recto urs a	_	MALE	WHITE	AUG. 15, 1987	OL YRS	
2 ho		RTHPLACE (STATE OR FOREIGN TO	CITIZEN OF WHAT COUNTRY?	MARRIED P NEVER MARRIED	9 BALTIMORE CITY OR COUN	TY OF DEATH
1	BF	LIO. MAKYLAND	U. > . H.	WIDOWED DIVORCED	BALIMON	et CO. MD.
1	10. CI	TY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING	HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS OR INDUSTRY
	FI	AL RESIDENCE (IF NURSING HOME OR OT	9203 AVON	DALE KD 21234	MACHINIST	
もかん		TATE (136 COUNTY	TO CO 13 814 8 19 19	13d. INSIDE CITY LIMITS?	13 STREET ADDRESS / ZIP CO	Sal (D) 2/12
E	7///	THER'S NAME	O. CUI PITALIT	YES NO P	ME AND A HVOING	ince ru-213
complete and 2 s		CILOPIES ME	DIE TRACE	EIRST -	MIDDLE	COICE
2 0	160.	VAS DECEASED EVER IN U.S. ARME	ED FORCES? 166. SOCIAL SECUR	ELL CHI	ADDRESS	FRISE
ond	(YES MOOR LINKNOWN) (IF YES, GIVE W		99/2 Fan		1205
± ±		W CANCEL OF DEATH 5	· # W/10 1	TON TON	nej pero	APPROXIMATE INTERVAL BEIWEEN ONSET AND DEATH
removol.		PART I. DEATH WAS CAUSED B	BY:			BETWEEN ONSET AND DEATH
cev		IMMEDIATE	CAUSE (0) 10/05	ancel	-	1400
on, o	127		DUE TO, OR AS A CONSEQUE	NCE OF		
ation frou		Conditions, if ony, which gove rise to immediate	(b)			
ther		couse (a), stoting the underlying couse last.	DUE TO, OR AS A CONSEQUER	NCE OF		A Table 1
or off			(c)			
hen p to bur llury,	NO O	PART 2 OTHER SIGNIFICANT COI	NDITIONS CONTRIBUTING TO DI	EATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION C	GIVEN IN PART 110
d in T	ATIO	19a DATE OF OPERATION	196. CONDITION FOR WHICH O	OPERATION WAS PERFORMED	20g AUTOPSY? 20b. IF Y	'ES, WERE FINDINGS USED
t perm	CERTIFICAT				IN CER	TIFYING CAUSES OF DEATH?
_ 0 0	ER	71g. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	71c HOW INJURY OCCURE	YES NO NO RED (ENTER NATURE OF INJURY IN ITEM I	YES NO NO
rial-tronsi ental Hygi frem 18 sh		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY	Y YEAR	TEMPERATURE OF THOMAS AT THE PER	, , , , , , , , , , , , , , , , , , ,
A Ment	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19 211 LOCATION		
9	ME	WHILE O NOT WHILE O	(AT HOME STREET, FACTORY, OFFICE, FA		CITY OR TOWN	COUNTY STATE
nork nork		AT WORK		17/79 30	8-1	G-5- 10
Hee		220.1 certify that (I) (this haspital saw the deceased almong	offended the deceased from	and that in orth (aux) appaion	death accurred on the date and h	, 19.8 , thou (we) lost
m 2			view the body after death.		seom occorred on the dote ond h	
Dep H		THE SECTION OF	2	DEGREE ATTENDING	MEDICAL STAFF	224. DATE SIGNED
\$ Z			Louis	PHYSICIANS	DIRECTOR PHYSICIAN	8-1-87
RTA	100	THE PHYSICIAN'S PLAME (1114 BEN	10115	27e. ADDRESS	D. O. 1 Da	12.73
should be deto with the State [IMPORTANT: If	_	UF. GEORGE	LOWE	2/07	nexay 114	01013
s > 2	7300	URIAL CHEMATICAL TEMOTAL	23b. DATE 23c. N.	AME OF CEMETERY OR CREMATORY	23d. LOCATION	SLATE
	1	SURIAL	08-10-1981 Pt	KKWOOD CENT	PAKKVILLE	BALTO, CO.M.
- 16 60M 7/84	24 FI	INERAL DIRECTOR	OCM CONDERS 15	SC PARILLE 250. DAT	E REC'D. BY REGISTRAR 256. PEG	STRAR'S SIGNATURE
A 15, 4)	4	MIDUTHEL	OF MENIORIE	>/HKKYIVYCAU	6 1 U 1987 8mm	or to country. Kenner-mile
				/		



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STATE OF MARYLAND

-1	*REGISTRAR		CERTII	TCATE OF DEATH	REG. NO	5.	
ı	1. DECEASED NAME FIRST	WIDDLE		AST	20 DATE OF DEATH	MONTH DAY YEAR	2b. HOUR
1	(TYPE OR PRINT) Michael	el	Tr	otta	8-	-2-1987	2 AM
ı	3. SEX	4 RACE	S. DATE O		6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER I YEAR	
1	Male	White	JAN		76	YRS	HOURS MIN.
7	70 BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COU	MARRIE	D NEVER MARRIED		R COUNTY OF DEATH	,
	ITALY	U.SaA	WIDOWI	DIVORCED	BAHM		MD.
Ì	BALFWELE	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIV \$054 LAA		ROAD ZIZZY	120 USUAL OCCUPATE 1 TYPE OF WORK FOR MOST O	F WORKING LIFE INDUSTRY	OF BUSINESS OR
	USUAL RESIDENCE (IF NURSING HOME O 130, STATE 136 COU			13d INSIDE CITY LIMITS? YES NO P	13e STREET ADDRESS	10	0 21224
-	PARMEN STARMEN	MIDDLE	EO HA	15. MOTHER'S MAIDEN NA	MIDDLE	Rue	ASI GIRRIO
		WE WAR OR DATES! 214 -	0- 4483 A	MRS. FAY 7	TROHA 59	24 MARIO	1 21206 th Ave
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CON	NG TO DEATH BUT		NINAL DISEASE OR CONI	DITION GIVEN IN PART 1 206. IF YES, WERE FIND IN CERTIFYING CAUSE	INGS USED
7	TILL THE TIME TO T				YES NO	YES 🗌	№ □
		HOUR A.M. MONT	TH DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUS	(Y IN ITEM 18 PART I OR PART 2)	
	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY	OFFICE FARM, ETC.)	211 LOCATION STREET	CITY OF TO	wn COUNTY	STATE
		- 1.10	_19, o	nd that in (my) (aur) opinian	, to	ate and hour and fram the	
	22b. SIGNATURE	he			MEDICAL STAR	F	E SIGNED
	22d PHYSICIAN'S NAME (TYPE	Sprint)		223 EA	stern Blu	o Balto. A	eld.
	230 BURIAL, CREMATION, REMOVA	8-5-81		EMETERY OR CREMATORY	23d LOCATION LOCATION LOCATION	newsty county	Casilar

DHMH - 16 60M 7/B4

ID FUNE ALD IRECTOR: After this certificate has been signed by the attending physician and callowing the detached for use as the burial-transit permit. Then please remove carbonpapers. Pages with the state Dept. of Health and Mental Hygiene prior to burial, cremation, at removal.

retained by the hospital or attending physician.

BP.

MMPDRTANT: If hem 21 is marked or herry 8 show says injury, or other traumanc event, the

(VRA 15, 4)

24 FUNERAL DIRECTOR

FUNERAL DIRECTOR 263 S.

Joseph N. Zannino Jr. F.H. Conkling St.

1135

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STATE OF MARYLAND 064368 SEP - 1 87 ATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME MIDDLE 20 DATE KNOWN (TYPE OR PRINT) ESTI E. TUITE JOHN DEATH MATED 4 RACE AGE (IN YEARS 5. DATE OF BIRTH IF UNDER TYR. IF UNDER 24 HRS. 2c. DATE YEAR PRONOUNCED 61 DEAD 26 MALE WHITE TO BIRTHPLACE (STATE OR COUNTRY MARRIED X NEVER MARRIED Maryland U.S.A. WIDOWED DIVORCED BALTIMORE COUNTY 18. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Vacuum Cleaner ST. JOSEPHIRHOSPITAL Service Manager BALTO, COUNTY USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13d INSIDE CITY HIMITS? 13e. STREET ADDRESS YES [8208 LAUREL DRIVE 21234 MARYLAND BALTIMORE 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Louis C. Tuite Daisy B. Anderson Tég. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS 16h SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES! Lorraine S. Tuite - same as #13e Yes WW II 216-20-2173 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line far(a), b), and (c).) PART I DEATH WAS CAUSED BY: red dans IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE Conditions, if any, which HIEF MEDICAL EXAMINATED AS A BURIAL-TR.
PEHEALTH AND MENTAL
HAL, CREMATION, OR RE gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 DIHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in CERTIFICATION LOF HE 190. DATE OF OPERATION ARDED TO THE WORD "PE ARDED TO THE CHIEF A GE 3.9HOULD BE USED. ATE DEPARTMENT OF HE. 201 PRIOR TO BURIAL, (19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (ATHOME 211. LOCATION TO MEDICAL EXAMINER: THIS CEF EXECUTE THE CERTIFICATE, WRITIN PACE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PACE 33 AFTER DEATH, WITH THE STATE DE BALLTMORE, MARYLAND, 21201 PI STREET, FACTORY, FARM, ETC.) STATE CITY OR TOWN COUNTY WHILE WHILE AT WORK 22a. I certify that I took charge of the remains described above, held an Inspection Autopsy ond in my opinion Undetermined manner deoth resulted from: Natural cause Accident EXAMINER'S NAME Charles F. O'Donnell, M.D. York Rd. (TYPE OR PRINT) ADDRESS. Towson. 230. BURIAL, CREMATION, REMOVAL 1236 DATE 23d. LOCATION 23r. NAME OF CEMETERY OR CREMATORY

DHMH - 17 (VR A15 ME (5) 15M 2/80

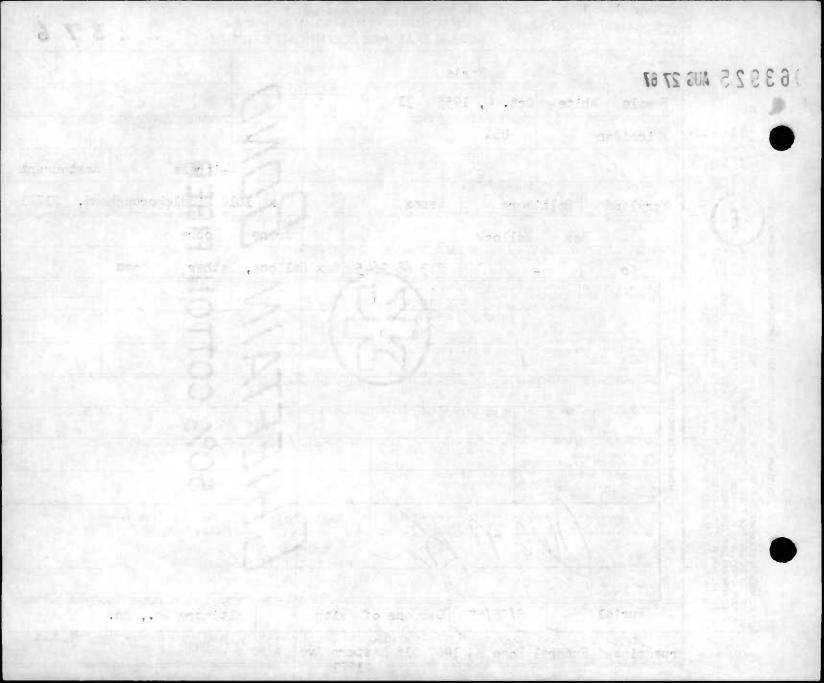
Burial 8-28-87 24 FUNERAL DIRECTOR

Gardens of Faith

Overlea

25g. DATE REC'D. BY REGISTRAR 1050 York Rd. Ruck Towson Funeral Home, Inc., Towson, Md. 21204

					22a., G-631,									
				, 9/23/87,	00000	EPARTMENT O				0 /	2 2	3	7 (6
		1. DE	REGISTRAR CEASED NAM	E FIRST	MED	MIDDLE	IIVEK 3	LAST	TE OF D	20 DATE KNOWN	NO. MONTH	DAY	YEAR	76 HOUR
63	DOE-NIC	{TAB	E OR PRINT)	Gayne	Mar Mar	ie	יריין	ner		OF ESTI- DEATH MATED		24	19 87	
03	9 2 5 AUG	1.50	01	4 RACE	5 DATE OF BIRTH	6 AGE	YEARS IF UI	DER 1 YR. IF	UNDER 24 H		MONTH	DAY	YEAR	2d HOUR
4	S S S S S S S S S S S S S S S S S S S		emale	White	Oct. 4, 1		YRS.	HS DAYS HO	DURS MIN	PRONOUNCED DE AD	8		19 87	11:4
	SEE SEE		RTHPLACE (S PEIGN COUNTRY) PICHIES		USA	AT COUNTRY?		IED NEVER		797			EATH	
	25 S		TY OR TOWN		II. NAME OF HOSP	ITAL, NURSING HO	WIDOV		N 12a	USUAL OCCUPATION	TYPE OF WORK	126 KIN	D OF BUS	MD.
	104 Way	Ro	ssvill	2		LITY, GIVE STREET ADDRE		al	TO C	FOR MOST OF WORKING LIFE) Waitress		Res	taur	ant
101	35298	130 S	AL RESIDENCE TATE	13b. COUN	OR OTHER INSTITUTION, GIVE		ISSION)		IMITS? 13a	STREET ADDRESS.		Di	02	007
8/	(A=122	-	arvland	Balt	imore	Essex				010 Middleb	porough	n Ko.	. 21	221
RE. MD	(1)	0	ATHER'S NAME FIRST	Rex	Hallock	LAST		15 MOTHER'S FIRST	Irene	Moore		ı	AST	
OWI	A CASA	16a, V	VAS DECEASE ES, NO. OR UNKNO	D EVER IN U.S. AR	MED FORCES? WAR OR DATES)	166. SOCIAL SECU		17. INFORMAN		ADDR	-			
BAL	PAG A		No		-		9645	Rex Ha.	TTOCK,	Father	Same			
15	MA 18 N.E. D.E.		PART I DE	ATH WAS CAUSE	FA!	or (o), (b), and (c).) ty change (f liver					BETW	PROXIMATE I	AND DEATH
ON	- m < m m <		1773	IMMEDIA	TE CAUSE (o)	S A CONSEQUEN								
PRESTON	THIN THIN THIN THIN THIN THIN THIN THIN			ns, if any, which se to immediate		ronic alcoh	olism					. 18		
. W.	HOULD BE EXECUTED WITHIN 24 RD "PENDING" IN PENCIL IN IT HIEF MEDICAL EXAMINER ALC HESED AS A BURIAL - TRANSIT POF HEALTH AND MENTAL HYGR RIAL, CREMATION, OR REMOV			stating the under-		S A CONSEQUEN	CE OF	733	57					
08, 2	AAL BAND AAND AATIOI	- 1	PART 2 OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE	FRMINAL DISEAS	F OR CONDITION GIV	VEN IN PART 1 (a	m)				
CO	PED BE EXECUTED BE EXECUTED BY AS A BUTTER AN HEALTH AN	Z												
AL RE	AL, OAL	CERTIFICATION	19a. DATE OF	OPERATION	19b. CONDITI	ON FOR WHICH O	PERATION V	AS PERFORME	D?			20 A	UTOPSY?	
VII	E SHOULI WORD "P E CHIEF BE USED NT OF HE BURIAL,	RTIF	21a EXTERNA	AL CAUSE WAS	21b. TIME OF	MILIDY	111. 4	OW INTILIBY OC	CURREN	NTER NATURE OF INJURY IN ITEM			ES S	NO 🗌
DIVISION OF VITAL RECORDS,	TO MEDICAL EXAMINER: THIS CERTIFICATE SE EXECUTE THE CERTIFICATE, WRITING THE WOR PAGE 4 SHOULD BE FORWARDED TO THE CITO FUNERAL DIRECTOR: PAGE 3 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT BARTIMORE, MARYLAND, 21201 PRIOR TO BUILD		UNDERLYING		HOUR A.M.	MONTH DAY Y	EAR	OW INJURY OC	CURRED (E)	MIER NATURE OF INJURY IN HEN	A INPART I ORP	ART 2)		
VISIO	ERTIFING TO SEPARIO	MEDICAL	214 INCHIDY	CCLIPPED	21e PLACE O			CATION	1000	CITY OR TOWN				STATE
ā	WRI'S WRI'S WRI'S WARE ATE	5	AT WORK	NOT WHILE I		, , , , , , , , , , , , , , , , , , ,	313	JAC S		CITI OK IOWN		YINUC		STATE
	ATE, TATE, TORW			fy that I type and	ge of the remains descri	ibed above, hall a	n Autor	ny X In	spection	, Inquiry .	and in my a	pinion		
	MIN THE BE I BE I THE		death result	ed from	egleform Wy	Accident .	Suicide	, Hamicide		indetermined monner].			
	MAN. WAN.		ACTUAL	110	who I .	Lon		TITLE (SPEC		MEDICAL EXAMINER	DATE	Q_	25~8	7
	SEAT SEAT		SIGNATURE,		,	1	^	N.D. ASSIS	carre.	MEDICAL EXAMINER	SIGN	ED_Q_	25 0	/
	ME NO ME		(TYPE OR PRI	NT)CI lo	arles P. Ko					nn St., Balt			1201	
	-717	23a B	URIAL CREMA	ION, REMOVAL	23b. D&T 28/87	Garden.	CEMETERY C	R CREMATORY	23	diocation	o., Md	INTY	STA	TE
07/84 25M	BP_/3/	74 F	UNERALDIREC	TOR EN	Tures	lani	he	25o.	DATE REC'I	D. BY REGISTRAP 256 A	EGISTRAR'S	SIGNATE	A. Ja	L.
	DHMH - 17 (VR A15 ME (5))	The same	razins		1 Home	1407 Old	Easte	rn Ave	AUG	2 6 1987	wa wa	.our.	James	
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1	-	STATE
		DECICTDAD

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2	2	3	7	7
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	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	r=4
198	PECEASED NAME FIRST Lenora	MIDDLE	LAST	20 DATE OF DEATH MONTH DAY YEAR 8-15-1987	2b HOUR
3. S	Female	4 RACE White	5. DATE OF BIRTH 10-15-1918 YEAR	6. AGE IN YEARS LAST BIRTHDAY) IF UNDER LY MONTHS I	EAR IF UNDER 24 HE
7a. 8	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Md.	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNTY OF DEATH	н
10. (Perry Hall	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET, 9534 Hickory Fa	ADDRESS)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUST Homemaker	ID OF BUSINESS
USU 13a.	UAL RESIDENCE IN NURSING HOME OR I. STATE 136 COUN Bal		YES NO A	9534 Hickory Falls W	ay 21236
	John F.	Kugel Kugel	15. MOTHER'S MAIDER Hattie	Cox	LAST
160.	WAS DECEASED EVER IN U.S. AR 1YES, 100 OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECU 217-03-8		Tyson, Jr., Same as 13e	
		DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO DE	ENCE OF	TERMINAL DISEASE OR CONDITION GIVEN IN PAR	ī lios
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 200 IF YES, WERE FIN CERTIFYING CAU	
MEDICAL CERT	OR CONTRACTOR OF CAUSE OF DEAL	HOUR A.M. MONTH DA	19 21f LOCATION	CURRED (ENTER NATURE OF INJURY IN ITEM 18. PART I OR PART CITY OR TOWN COUNTY	12)
	220.1 certify that (I) (this haspi saw the deceased alive an above, (I) (Tay (did) (did na 22b SIG) (11 H)	M Lah	DEGREE	nion death accurred an the date and hour and fram IG MEDICAL STAFF N DIRECTOR PHYSICIAN	the causes stated
	Davis M. H			n Raven Blvd.	
230.	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATO	ORY 23d LOCATION CITY OR TOWN Balto. Md.	STATE

DHMH - 16 60M 7/84

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physic should be detached for use as the burial-transit permit. Then please remove carbanapage should be detached for use as the burial-transit permit. Then please remove carbanpape with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, ar remaval

(VRA 15, 4)

Burial 24 FUNERAL DIRECTOR Balto., Md.

Leonard J. Ruck, Inc., 5305 Harford Rd.

BY REGISTRAR 250. REGISTRAR'S SIGNATURE

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eau, dr., Sure as the	ten de die de l'e			
		a tell		

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIE
CERTIFICATE OF DEATH

3957 AUG		87 STATE REGISTRAR			DEPART	MENT OF H	E OF MARYLAND LEALTH AND MENTAL HYO LICATE OF DEATH	GIENE /	2 2	37	8
/ ==		CEASED NAME	FIRST		MIDDLE		AST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
page 3			Mary		Τ.	UZ	EL_	August 25	. 1987		8:10 AM
ge 4 may ector . pag	3. SE	EMALE			CAU.	5. DATE O	DF BIRTH YEAR YEAR	6 AGE (IN YEARS LAST BIR	THDAY) IF L	INDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
nerol dir	MA	KYLAND"	OR FOREIGN	76 SAN OF	WHAT COUNTRY?	MARRIE WIDOWI	D NEVER MARRIED DIVORCED	Baltimo Baltimo		DEATH ntv	MD.
s offer d		SSVILLE					HOSPITAL	120 USUAL OCCUPATI	ON PERLING LIFE)	126 KIND O INDUSTRY	OF BUSINESS OR
filled in		RYLAND	HURSING HOME O	R OTHER INSTITUTION NTY	131. BALTY		134 INSIDE CITY LIMITS?	13. AT BE ODD HAS N	ikren	AVE.	21206
1 2 2 3 3 S		OSEPH I	UCHEK	MIDDLE	LAST		MARY MA	SAT MIDDLE		LAS	
3)12	16a. V	VAS DECEASED EV (ES. 140 UNKNOWN)	(IF YES, G	RMED FORCES?	166 SOCIAL SECT		CHARLES J.	UZEL 4920	SS HAMI	LTON	AVE.
uires that the death of greed by the attending of the please remove carl burial, cremation, arry, ar ather traumati	7		immediate ating the use last.	(b)_ DUE TO, O (c)	Severe	e Met	abolic Encept tipation		DITION GIVEN	IN PART 110	0
law requesterns been seemit. The e prior to	CERTIFICATION	Mu 190 DATE OF OPE		Myeloma 1%. COND		OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206 IF YES, W	IG CAUSES	OF DEATH?
Dian: The physician trificate ho bi-transit p tal Hygien m 18 (from the lates)	0	210 ACCIDENT WAS OR CONTRIBUTING (CAUSE OF DE			AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	YES [NO []
actending offer this ce is the burn hand Merrikedor Ite	MEDICAL	21d INJURY OCC		21e PLACE	OF INJURY REET FACTORY OFFICE		211 LOCATION STREET	CITY OR TO	wN	COUNTY	STATE
ATTENDIN aspital or ECTOR: Af for use of for use of to feelifi		22a.l certify that	eased alive a	Λ	t 25, 19	July 87	19 87 nd that in (my) (our) apinian		25, 19. ote and hour or		that 11 (we) lost causes stated
the hard of the best of the Dep		226. SIGNATURE	5.	hlun	-		DEGREE ATTENDING PHYSICIAN [MEDICAL STAI		220 DATE	SIGNED LS/87
HOSPIII ined by old be of the St		120 PHYSICIAN'S		ORPRINT) INacles	-berg	-	22e ADDRESS	ıklin Square		21	237
BP D & M	23a I	BURIAL, CREMATIC	ON, REMOVA				EMETERY OR CREMATORY	BATETEN		OUNTY D.	STATE
DHMH - 16 60M 7/84	24.5	MERAL DISSECTOR		9-0-2			REDEEMER CE	G 2 6 1987	256 REGISTRA	R'S SIGNAT	URE
2.0000007704	1/	VAI	-		1211 ADDREST	ESAC	O AVE AU	0 4 0 130/	Julia Des	roun. K	andallo

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1.	FOR STATE DISTRAR			DEPARTM		EALTH AND MENTAL HYG ICATE OF DEATH	9 /	2 2	5 /	7
5	01	FIRST	- 1	AIDDLE		AST .	REG. N	O. MONTH DAY	YEAR	La rious
	CEASED NAME FOR PRINT)					431			TEAR	26 HOUR
	Ma	ry Jose	epnine	VIVIRIT	U		August 11,	1987		11:08p M
SE	X	4. R	ACE		5. DATE O		6 AGE (IN YEARS LAST BE		UNDER 1 YEAR	IF UNDER 24 HRS
]	EEMALE		WHI	TE	AUG		85	YRS.	VIHS DAYS	HOURS MIN.
	IRTHPLACE (STATE OR F	ORFIGN 7b.	CITIZEN OF V	WHAT COUNTRY?	8.	Π Π	9. BALTIMORE CITY	R COUNTY O	FDEATH	
	MARYLAND		U.S	. A .	WIDOWE	7.5	Baltimore	County	/	MD.
0/CI	ITY OR TOWN OF DEA	TH 11.				ROTHER INSTITUTION	120 USUAL OCCUPAT			F BUSINESS OR
	ROSSVILLE	Ξ	FRANK	LIN SQU.	ARE I	HOSPITAL	HOMEMAKE:	R .	HOMI	3
30. S	ARYLAND	136 COUNTY BALTI		GIVE RESIDENCE BEFORE 13c. CITY OR TOW! LUTHER	1	136. INSIDE CITY LIMITS? Eyes \(\text{NO } \text{ \text{NO }}		ZIP CODE NRIDGE	RD.	21093
LFA	ATHER'S NAME FIRST	MIDE	N E	1251		15 MOTHER'S MAIDEN NA	WE		1.45	,
1	JOSEPH	MILO C	,,,,	MASCAR	I	TERESA	MODIE	LA	ZZAR	5
-	WAS DECEASED EVER	IN U.S. ARMEI	FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDR	ESS		21000
(YES, NO OR UNKNOWN)	(IF YES, GIVE WA	AR OR DATES)	218-36-	7983	I. MICHAEL	VIVIRITO	LUTHE	RVIL	EF, MD
	18 CAUSE OF DEAT	H (Enter naly o	D0 C0 W 0 D0 c	line for (a) (b) and	Lieri				APPROXI	MATE INTERVAL ONSET AND DEATH
	Conditions, if ony, gove rise to imm couse (o), statin underlying couse	nediate g the	DUE TO, OF	AS A CONSEQUE Hypoxic E RAS A CONSEQUE theroscle	nceph		rior Myocard			
	PART 2. OTHER SIGN	VIFICANT CON				NOT RELATED TO THE TERM		DITION GIVEN	IN PART 11	0
Z										
CERTIFICATION	19a DATE OF OPERAT	TION	196. CONDI	TION FOR WHICH	OPERATION	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, V IN CERTIFYIN		
	21a. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEATH	21b. TIME O HOUR A./	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	I OR PART 2)	
MEDICAL	21d. INJURY OCCURE	ILE 🗆	21e PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, FA	ARM, ETC)	211. LOCATION STREET	CITY OR TO	DWN	COUNTY	STATE
	22a. (certify that N) sow the decease above N(we) (a	(this hospital)	ottended the	deceased from 19	Augus 7	od that in XX (our) opinion	death occurred on the d			that I) (we) lost couses stated
	226. SIGNATURE		1	11	1	DEGREE	A LIST OF	2011	22c. DATE	SIGNED
	Me	yel	Bou	-		ATTENDING PHYSICIAN [MEDICAL STA		8-11	-87
	224. PHYSICIAN'S NA					22e. ADDRESS		03.0	0.7	
	Ma	iged Bo	les, M	.D.		9000 Frankl	in Square Di	r. 212	3/	

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion oni should be detached far use as the burial-transit permit. Then please remove corbon papers. Pagi with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law

etained by the haspital or attending physicion

injury, or other troumatic event, the

IMPORTANT: If Item 21 is morked or Item 18 shows

DHMH - 16 60M 7/B4 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

WILLIAM E. JOHNSON

24 FUNERAL DIRECTOR

236 DATE

8521

AUG.17, 87 BALTIMORE

LOCH

23t. NAME OF CEMETERY OR CREMATORY NATIONAL

23d LOCATION
COTY OR TOWN
BALTIMORE, MARYLAND

BLVDAUG 1 2 1987 RAVEN

Marin 10 mg 2 180A

1		FOR
1	-	STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1	La	6m	0	4	9
0.1	014.00				

1 07REGISTRAR			CEKTIFI	CATE OF DEATH		REG. NO.	4.47		
DECEASED NAME FIRST	MIDDI	LE	LA	AST	20. DATE OF		NTH DAY	YEAR 2	h HOUR
Denise	Lynn		VOGE	L	August	5.	1987	3	3:05A M
3. SEX	4 RACE	5.	DATE O	FBIRTH	6. AGE (IN YEA		Y) IF UNDE	RIYEAR	IF UNDER 24 HRS
Female	White	1.389	June	e 23°°1966°°	21		YRS MONTHS	DAYS	HOURS MIN,
BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHA	AT COUNTRY? 8	AA A DDIE	NEVER MARRIED	9 BALTIMOR	E CITY OR C	OUNTY OF DE	ATH	
Maryland	IISA		VIDOWE	D DIVORCED	Baltimo	re Co	unty		MD.
M CITY OR TOWN OF DEATH	11. NAME OF HOS	PITAL, NURSING		R OTHER INSTITUTION	12a. USUAL O	CCUPATION	12b.	KIND OF	BUSINESS OR
Rossville	Franklin	Square 1	Hosp	ital	unemp			OSIKI	
HE TATE 136. COUNTY		RESIDENCE BEFORE AD		13d INSIDE CITY LIMITS?	13e STREET AD	DDRESS / 71	P CODE		
Md. Har		Street		YES NO TH			ect Stre	eet 2	1154
A. FATHER'S NAME				15. MOTHER'S MAIDEN NA	ME				
James	Vog	el 🔭		Dorothy		WIDDIE	Siema	anni	
60 WAS DECEASED EVER IN U.S. AR	MED FORCES? 166	SOCIAL SECURIT	YNO.	17 INFORMANT		ADDRESS			
no		14-82-76	78	James Vogel	RDlBox	877Hiv	relyRd.	Pa. 1	7309
18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one couse per line	for (a), (b), and (c	c 1, 1					APPROXIMA	ATE INTERVAL
	TE CAUSE (a) Ca	ırdioresp	irat	ory Arrest					
		A CONSEQUENC							
Canditions, if any, which	((b) AC	ute Resp	irat	ory Insuffici					
cause (a), stating the underlying cause last.		A CONSEQUENC			istress				
				thorax and ad					
PART 2. OTHER SIGNIFICANT		RIBUTING TO DEA	ATH BUT I	NOT RELATED TO THE TERM	INAL DISEASE	ORCONDITI	ON GIVEN IN I	PART No	
Empyema (ric		N FOR WHICH OR	EDATION	N WAS PERFORMED	20a AUTOP	cv2 120	b. IF YES, WERE	EINIDING	C LICED
Empyema (ric	176 CONDINO	N FOR WHICH OF	EKATION	WAS PERFORMED		IN.	CERTIFYING	CAUSES O	F DEATH?
210. ACCIDENT WAS UNDERLYING	7 216. TIME OF IN	LILIBY		In HOW BURNEY OCCUPA		40	YES 🗌		NO 🗌
OR COLUMNIA COLUMN OF THE	HOUR A.M.			21c. HOW INJURY OCCURE	CED (ENTER NATU	RE OF INJURY IN	ITEM 18 PART I OR	PART 2)	
IF EITHER NOTIFY MEDICAL EXAMINED	P.M.	NILIDY	19	211. LOCATION					
WHILE NOT WHILE		FACTORY, OFFICE, FARM	A ETC)	STREET		CITY OR TOWN	co	UNIY	STATE
22a. I certify that 14 (this hospi	Authoritania di Abrilda		July	19. 10 87	. Auc	ust 5	, 10 8	7	
sow the deceased alive on	August	5. 19.87		d that in (🍅) (our) opinian (, 10		. 17	. 1110	at (we) last
above, (4 (we) (did) (dalance) 22b. SIGNATURE	view the bady afte	er death.		DEGREE				c. DIATE SI	
Plansal.	V A91	Lucia	1	ATTENDING PHYSICIAN F	MEDICAL DIRECTOR	STAFF		2/5/	87
22d. PHYSICIAN'S NAME (TYPE C	DR PRINT)	ince of		22e ADDRESS	J DIKECTOR L	THISICIAN	LM		V!
HOWARD	GOLD	MAN		9000 Frank	lin Squ	are Di	rive,	21237	

DHMH - 16 60M 7/84

(VRA 15, 4)

Connelly Funeral Home 300 MaceAve. 21221

8/8/87 Holy RedeemerCemetery Buria] 24 FUNERAL DIRECTOR

netery Baltimore Maryland

1250. Date REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTA	L HYGIENE
CERTIFICATE OF DEATH	1 4

063158 AUG		FOR STATE GISTRAR			OF HEALTH AND		ENE / REG. NO	2 2 3	8	Chicago di Antonio
od po	(TYP	CEASED NAME LILLE			Tont		7/10/	8 16	87	6 35 AM
ge 4 mi ector, p	3 SE	Female	1 RACE C DUCUSIO	1	TE OF BIRTH ONTH DAY 6 29	YEAR 26	E AGE CONTRACTOR	YRS.		UNDER 24 HRS
motol dir		RTHPLACE (STATE OR FOREIGN COUNTRY) [ARYLAND	16 CITIZEN OF WHAT C	MA	RRIED NEVER	MARRIED	Baltimore City o	R COUNTY OF D	EATH	MD
s offer d		Towson	11. NAME OF HOSPITA	AL, NURSING HO	ME OR OTHER IN	pita/	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST O	WORKING LIFE IN	DUSTA	Store
AND 212	130.		NTY 13c CIT	OR TOWN	13d. INSIFE YES	NO 🛣		ZIP CODE	Kl 2	1234
mary ted within on pletely on 2 2 s) F	THER'S NAME FIRST John	MIDDLE Zir		Ма	rgaret	WIDDEE		Gourla	ay
be executor on and grants. Pages			MED FORCES? 166 SO	9-10-2		1111	86540ak	1 / 01	1 BoH	3 4
ST., BAL		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT	D BY: TE CAUSE (a)	Cera	lopelm	jorr	rest		APPROXIMAT BETWEEN ONSI	1/
1 W. PRESTON that the deoth c by the ottendin case remove carb ol, cremation, or cather froumatic		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A C	Carcin	ma ot	Lung			7 m	off.
RDS, 20	NO NO	PART 2 OTHER SIGNIFICANT C	Pheu M		BUT NOT RELATE	D TO THE TERMI	NAL DISEASE OR CONL	DITION GIVEN IN	PART Ira	
AL RECORDS	CERTIFICATION	190. DATE OF OPERATION			TION WAS PERF	ORMED	200 AUTOPSY?	206. IF YES, WEI IN CERTIFYING YES	CAUSES OF	
NG PHYSICIAN: The ordending physician state burioffront in an about the order of th		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MC		21c. HOW I	NJURY OCCURRE	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I C	PART 2)	
NG PHYSOP offer this os the burth of the ond Monday orked or	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJU		21F LOCAT		CITY OR TO	NN C	OUNIY	STATE
TTENDI spirol or CTOR: A for use of Heol	100	220 I certify that (I) (this hospi sow the deceased alive an abave, (I) (we) (did) (did na	8/16	1987	, and that in (my	, 19 <u></u> , 19 <u>, 9</u>	eath occurred on the do	te ond hour and		t (II (we) last ses stated
TAL OR ATTY y the hospital of the property of detached for the property of the property of the property.		22b. SIGNATURE	Small	1	DEGREE	ATTENDING PHYSICIAN	MEDICAL STAF	F	PATE SIG	NED 87
TO HOSPITAL of retained by the TO FUNERAL Should be detail with the State ClimpoRTANT: If		Duane S		10	76 ADDRE	11	K Roal ,7	owson,	Md. 2	1201
BP		BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	23b. DATE AUG . 19, '8		WOOD CH	IURCH	23d LOCATION BALTIMO		, MD	STATE
DHMH - 16 60M 7/84 (VRA 15, 4)		UNERAL DIRECTOR LLIAM E. JOH	NSON 8521	Löch R	AVEN BI	VD AUG	18 1007 de	256. REGISTRAR'S	SIGNATURE	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 062548 AUG - STATE MEDICAL EXAMINER'S CERTIFICATE OF DÉATH 3 ROSSTRAR DECEASED NAME REG. NO. KNOWN D 2ª DATE (TYPE OR PRINT) OF ESTI-F ANY DELAY IS NECESSARY, PLEASE AND 3 TO THE FUNERAL DIRECTOR.

SETAIN PAGE 5-FOR YOUR FILES.

SHOULD BE FILED WITHIN 72 HOURS.

RECORDS, 201 W, RRESTON STREET, G. DEATH MATED WILLIAM VOLLAND 4. RACE IF UNDER 1 YR. TIF UNDER 24 HRS. DATE OF BIRTH 6. AGE (IN YEARS DATE MONTH YEAR LAST BIRTHDAY) PRONOUNCED 10 -WHITE 22 1906 DEAD MALE 80 TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Baltimore County U.S.A. Md. WIDOWED X DIVORCED 120 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Banking FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Apt. 606 Banker 303 E. Joppa Rd. Baltimore 21204 Baltimore 130. STATE Baltimore 13d INSIDE CITY LIMITS? 303 E. Joppa Rd. Apt. 606 A FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Jacobs Emma Volland William 166. SOCIAL SECURITY NO FIFTH National Banks P.O. 1596 60 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO. OR UNKNOWN) I HE YES, GIVE WAR OR DATES! David Glickman-Trustee no 21203 217-14-1262 18 CAUSE OF DEATH (Enter only one cause per line (a), (b), and (c).) APPROXIMATE INTERVAL BE WEEN ON ELAND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 0 USED AS A B OF HEALTH 190 DATE OF OPERATION 20 AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE SHO EXECUTE THE CERTIFICATE, WRITING THE WORD PAGE 3 SHOULD BE TOWNEDD TO THE CHIEF CHISTORS PAGE 3 SHOULD BE USED FROM THE STATE DEPARTMENT OF BALLWORE, WHI THE STATE DEPARTMENT OF BALLWORE, WARNIAND, 21201 PRIOR TO BUSING YES 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 211 LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE AT WORK 220 I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinion death resulted from: // Natural causes Undetermined migniter Homicide DATE MEDICAL EXAMINER EXAMINER'S NAME TYPE OR PRINT THE LOCATION 230 BURIAL CREMATION REMOVAL 73h DATE 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE 8/10/87 BURIAL Fawn Grove Penna ²⁴ FUNERAL DIRECTOR FUNERAL DOREHOME, INC. 9705 Belair Rd., Balto. Md. **DHMH-17** Revideon Pendace (VR A15 ME (5) 15M 2/80

BP

DHMH - 16 60M 7/B4 (VRA 15, 4)

06344

director, page 3

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGE E CERTIFICATE OF DEATH

9	1-	FOR STATE REGISTRAR	DEPART		EALTH AND MENTAL HYG	BE 7	2 2 3 8	3
4		CEASED NAME FIRST	WIDDLE	Į.	AST		MONTH DAY YEAR	2b. HOUR
	(1116	Mary	E.	W	ahner		8-19-8;	7 8:42
1	3. SE)		4. RACE	5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRT		
	1	Female	White	2	8 04	83	YRS DAYS	HOURS MIN.
1	7a. BI	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8			R COUNTY OF DEATH	
2		COUNTRY) Md.	USA	WIDOWE	D U NEVER MARRIED U	Baltimor		
7		ITY OR TOWN OF DEATH.	11. NAME OF HOSPITAL, NURSIN	NG HOME C		12a USUAL OCCUPATION		OF BUSINESS OR
1	-2	Catonsville	(IF NOT IN SUCH FACILITY, GIVE STREET Meridian Nurs OTHER INSTITUTION, GIVE RESIDENCE BEFOR	ing Ho	me, Busing Av	TYPE OF WORK FOR MOST OF HOUSEW	E WORKING LIFE INDUSTRY	
2		STATE 13b. COUN		/N	134. INSIDE CITY LIMITS?	9125 Dunlo		21043
2	HL FA	ATHER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NAM	MIDDLE	00	AST
Y	1	John	G. Baier		Eva_	WIDDLE	Has1	
0.00		WAS DECEASED EVER IN U.S. AR	MED FORCES? 166. SOCIAL SECU	JRITY NO.	17 INFORMANT	ADDRE	SS Has I	Deck
4	()	YES NO OR UNKNOWN) (IF YES, GIV	/E WAR OR DATES)		Marlene Macel	k 9125 Du	nloggin Rd.	21043 DXIMATE INTERVAL NONSET AND DEATH
	TION		(b)	DEATH BUT				
	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	
,		2 to ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D	AY YEAR	21c. HOW INJURY OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART 2)	
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	ARM, ETC.)	211 LOCATION STREET	CITY OR TO	wn County	STATE
	(*	DEGREE ATTENDING PHYSICIAN 27e ADDRESS 299 Frederi	MEDICAL STAF	F IAN DAT	, that (we) lost e causes stated
		BURIAL, CREMATION, REMOVAL	23b. DATE 23c. (NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	COUNTY	STATE
	,	Burial	8/21/87	aklaw	n Cemetery	D-1-1		
		INERAL DIRECTOR RRYAMH WITZKE &		COLU	NBIA PIKE 250. DATE	REC'D. BY REGISTRAR	PEREGISTRAR'S SIGNA	.0

	Fahner			refit 2
100	40 8		Wille	Female
Dalibore County				
a31wesons				of Chymposic
9125 Damlanein Fd. 210	g v3.	Ellinott Di	Lateroff	121
dhedleall				Enfot.
s 9125 Juniopein Id. 210				
	J. Astoria			

STATE OF MARYLAND

6 3 4	68 AUG 2	1 18	FOR STATE REGISTRAR	DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYG IFICATE OF DEATH	REG. NO		
3	ge 4 moy be ector. poge 3		TEASED NAME AND THE AN	A NAIGHAUS RACE S DATI White Jun	OF BIRTH	20 DATE OF DEATH	MONTH DAY YEAR 26 HO P ZO 57 IF UNDER 1 YEAR IF UNDER YRS. HOURS	ER 24 NRS
	er deoin, rage te funeral direct within 72 hours.	(RTHPLACE ISTATE OR FOREIGN OUNTED TY OR TOWN OF DEATH	7b CITIZEN OF WHAT COUNTRY? 8 MARK WIDO 11. NAME OF HOSPITAL, NURSING HOM (IMPO] IN SUB-FACILITY, GIVE STREET ADDRESS.		120 USUAL OCCUPATION OF THE OTHER PROPERTY OF WORK FOR MOST OF	ON 126 KIND OF BUSIN	MD_ NESS OR
MARYLAND 21201	ly filled in by the should be filed in by the should be filed in by the should be filed in the should be should	13a S	CLRESIDENCE OF NURSING HOMEO TATE PICY AND THER'S NAME	ROTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIO	13d INSIDE CITY LIMITS2	HOUSE 13 STREET ADDRESS WAY NE	ZIP CODE	22/
MORE,	on and complete S. Pages lead 2 e medical examir	16c V	CAMILLO VAS DECEASED EVER IN U.S. AI	MIDDLE DE SANTIS RMED FORCES? 166 SOCIAL SECURITY NO VE WAR OR DATES) 2/8-09-4840	Julia	ADDRE	MARI LAST	1 /2122/
201 W. PRESTON ST.,	the deoth certiticate the offending physici remove carbon paper removal to removal, her froumatic event, the	Z	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost.	nly one couse per line for 101		s ·	APPROXIMATE IN BETWEEN ONSEL AN	ENAL 10 DEATH
AL RECOR	he low recon. hos been premit. I ene prior tows ony in	CERTIFICATION	19e DATE OF OPERATION	THE CONDITION FOR WHICH OPERAT		200 AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DEV YES NO	ATH?
DIVISION OF VITAL RECORDS,	or offending plants of the buriefier of the buriefier of the buriefier of the ond Mentol marked or frem	MEDICAL CE		THE PLACE OF PULLEY OFFICE TARK ETC.)		CITY OR TO		STATE We lost
•	O HOSSITAL OR ATTEN et onned by the hospital TO FUNERAL INTECTOR with the State Dept. of He MPORTANT: If Hem 21 is		sow the deceased alive a obove. (I) we did id id in 22b. SIGNATURE	OR PRINT)	ATTENDING PHYSICIAN	MEDICAL STA	ote and hour and from the causes 270 DATE SIGNE FF LIAN 8/20/8	
	BP B		Eddie N SURIAL, CREMATION, REMOVA SPECIAL INERAL DIRECTOR		Dulaney Va CEMETERY OR CREMATORY LAWN	23d LOCATION PARTOWN PRECID. BY REGISTRAR	one Co. Md	Prate
	(VRA 15, 4)	N.	ely & Jules	me 190/Easter	are AUG	21 1987	The Paragraph of the	-

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the funeral director page 3 d within 72 hours after death

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL BYGIENE

FOR STATE REGISTRAR			HEALTH AND MENTAL BYO FICATE OF DEATH	SIENE 2	23	85			
TYPE OR PRINT) SAMUEL	T.	WALKE!	R LAST	20 DATE OF DEATH	08 15	YEAR 87	26 HOUR 4:29 A		
3. SEX Male	4 RACE Wh	S. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIR		INDER I YEAR	M IF UNDER 24 HRS HOURS MIN.		
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland		WHAT COUNTRY? 8	IED MEVER MARRIED	9 BALTIMORE CITY OF COUNTY OF DEATH BALTIMORE			MD		
TOWS ON	11. NAME OF HOSPITAL, NURSING HON 6701 NORTH CHARLES		OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Prison Foreman 120. KIND OF BUSINESS O INDUSTRY Md. State					
	e or other institution DUNTY ltimore	GIVE RESIDENCE BEFORE ADMISSION 13(CITY OR TOWN Carney	YES NO TOTAL	13e STREET ADDRESS 2509 Cut		load	21234		
14 FATHER'S NAME FIRST Harry	MIDDLE	Walker	IS MOTHER'S MAIDEN NA Elizabe			Vey	T.		
160 WAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRI					
No		219-36-2081	Melva S. Wa	alker 2509 0	ub Hill		21234		
gove rise to immediate couse (a), stating the underlying couse last PART 2 OTHER SIGNIFICAL	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110								
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 COND	ITION FOR WHICH OPERATI	ON WAS PERFORMED			WERE FINDINGS USED ING CAUSES OF DEATH?			
OR COLUMNIC CITY OF	F DEATH HOUR A	DEINJURY .M. MONTH DAY YEAI .M. 19	R	RRED (ENTER NATURE OF INJU	(ENTER NATURE OF INJURY IN ITEM 18 PART		(I OR PART 2)		
WHILE NOT WHILE AT WORK		OF INJURY REET FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN		COUNTY	STATE		
sow the deceased plive	220.1 certify that (1) (this hospital) 87 705 the deceased from 87 19 87 to 8/15/ 19 sow the deceased alive on obove, (1) (we) (did) (did not view the body after death.								
276 SIGNATURE	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 220 ADDRESS								
THAIS GRAN	ADOS, M.D		GBMC 670	Ol NORTH CHA	RLES ST	•			
230 BURIAL, CREMATION REMOTE (SPECIFY) Burial	Aug 18		cemetery or crematory hn's Lutheran	23d LOCATION Baltin	nore	OUNTYMar	ryland		
24 FUNERAL DIRECTOR Leonard J. Ru	ck, Inc.	Baltimore, M		TE REC'D. BY REGISTRAN	146 REGISTRA	R'S SIGNA	URE		

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL OR

BP.

TO FUNERAL DIRECTOR, After this certificate has been signed by the ottending physici should be detached for use as the burial-transit permit. Then please remave carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If hem 21 is marked or Item 18 shows any injury, or other traumatic event,

2 9 E 5 E ... TOTAL STATE ETHER ALL MARKSHED ALGER delication in the contract of 1215-36-384 | locara N. labour 2500 bay 3111 H. 81234

WILLIE TOTAL TRIBER

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tion 8 f 8UA | tion restricted onless and a superior

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTA TYGIENE CERTIFICATE OF DEATH

	REG. NO.	/	/ 1.				
ŗ.	20 DATE OF DEATH MONTH	Y-X	14	20 HOL	Ry S		
	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDE	RIVEAR	IF UNDER	24 ARS		
	83	MONTHS	DAYS	HOURS	MIN		

		CARL FIRST C	Carl L. Lee Wa			Wannen, Sr.	20 DATE OF DEATH	MONTH DAY (XEA) 12 HOUR		
	3. SEX	rale.	4. RACE Whi	te	5. DATE OF	BIRTH DAY VEAR VEAR	6 AGE (IN YEARS LAST BIRT	HDAY) IF U		IF UNDER 24 CRS
)	С	RTHPLACE (STATE OR FOREIGN OUNTRY)		0011	MARRIED WIDOWED	DIVORCED [9 BALTIMORE CITY O	_	DEATH OF Bal	to. ME
7	B	a Townson	ST ST	JOSEDA	DRESS)	SpitaL	Certified F	WORKING LIFE)	126. KIND OF INDUSTRY ACCOU	BUSINESS OR
	13a S			I3c. CITY OR YOWN		13d. INSIDE CITY LIMITS? YES NO X	ACCOUNTAN 130 STREET ADDRESS / 618 St.		s Rd.	, 21204
1		'George	Robert	Wannenwe	tsch	lda First	Catheri		Ke	idel
-		/AS DECEASED EVER IN U.S. AI ES, NO ORUNKNOWN) (IF YES, GI	RMED FORCES? VE WAR OR DATES)	166. SOCIAL SECUR 220-01	-130	Carl L. Wa	annen, Jr.,		ida R	d.,2120
APPROXIMATE INTERPRETATION OF A CONSET AND A CONSET A									IATE INTERVAL NSET AND DEATH	
2	CERTIFICATION	PART 2 OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT N 190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION								
1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	Airi	M. MONTH DAY	YEAR	21c. HOW INJURY OCCURR				
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	TAX SHIP IN	BET FACTORY OFFICE FAI	M. ETE 1	211 LOCATION STREET	CIVIORTON	MN	COUNTY	STATE
		17u I certify that the hosp saw the access of the hosp above. It was that a class of the same of the s			, , ,	I that in (my (aur) pinion o	death occurred on the do	ite and hour an		
7		22d PHYSICIAN'S NAME (TYPE	7/3/	Last	M	ATTENDING	MEDICAL STAF		22c. DATE S	IGNED
		V.C	17018	21/5		St 26	sephis	1051	227	
	- 0	urial, cremation, removal Specify) Burial	8/25/			Park Cem.	Woodlawr	n Balt	O. 1	Md. STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

B7 FOR STATE REGISTRAR

Balto. 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Md.

Martin D. D. Lawson, 10 W. Padonia Rd., 21093

0 6 4 0 4 9 AUG 28 87 Care Land Complete ET-E-II- STIME SOM at ytung 188. DATE WARE STATES HOSPITAL 1251-12-0-2 Most. top and

EGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL TYGIENE CERTIFICATE OF DEATH

223

IF UNDER 1 YEAR

==

20b. IF YES, WERE FINDINGS USED

COUNTY

22c. DATE SIGNED

STATE

YES 1

IN CERTIFYING CAUSES OF DEATH?

2b. HOUR

12b. KIND OF BUSINESS OR

852

IF UNDER 24 MPS

E-ma	-	
REG. I	4O.#	
ATH	MONTH	

652

. DECEASED NAME MIDDLE 20. DATE OF DEATH (TYPE OR PRINT) CARL WARF 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) ale Feb 14 1925 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE ISTATE OF FOREIGN MARRIED & NEVER MARRIED W.VA. WIDOWED . DIVORCED Baltimore County 0 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION LIE NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY SACTIMORE SZOH DZ -IJYWIT Netwood - EasternStainlessSteel RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13e.STREET ADDRESS / ZIP CODE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? MiddleRiver 20 Mulberry Lane 21220 Md. Balto. YES [NO K 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Omer Ware Lena 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Marion Ware 20 Mulberry Lane 21220 WWI. 233-32-2641 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CA'USED BY: IMMEDIATE CAUSE (a) WNG CARCINOMS Canditians, if any, which gave rise ta immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 21m. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased fram_ sow the deposed alive on_ above, if (wir) (did) (did not) wew the body after deat , and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated DEGREE MLD. ATTENDING MEDICAL DIRECTOR PHYSICIAN 22e. ADDRESS 9,000 231 NAME OF CEMETERY OR CR 230. BURIAL, CREMATION, REMOVAL

8/11/87

Connelly Funeral Home 300 Mace Ave. 21221

Garrison Fores

	French	Clu-	57.	HOSP Cent	
EMATORY		23d. LOC	ATION OR TOWN	Baltimore	Marÿland
Т	25a DATE	REC'D. BY R	EGISTRAR 2	56 REGISTRAR'S SIGNAT	TURE

AUG 1 1 1087

NO

CITY OF TOWN

DHMH - 16 60M 7/84

Burial

24 FUNERAL DIRECTOR

(VRA 15. 4)

AUS III SEE THE SEE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

31,8	TATE REGISTRAR		DEPARIM		ICATE OF DEATH	REG.	NO.	8 8	
	CEASED NAME FIRST	MIDDLE		L	AST	20 DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
TITPE	Henry	Allen Warfi	ield, Jr.	3 "	,	August 25	, 1987		17150
3. SE		4 RACE		5. DATE O		6. AGE (IN YEARS LAST		ON THE TYEAR	
	Male	Caucas	sian	Tune	26, 1902 YEAR	85	YRS	ONIHS DAYS	HOURS MIN
70 61	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHA	T COUNTRY?	8.		9 BALTIMORE CITY		OF DEATH	
4	Maryland	U.S.A.		WIDOWE	DIX DIVORCED		nare Count		
	Randallstown	11. NAME OF HOSE (IF NOT IN SUCH FACE Baltimore)	PITAL, NURSING	HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOS Plumber		INDUSTRY	OF BUSINESS C
	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN Paryland Pal	1TY 13c.	RESIDENCE BEFORE A CITY OR TOWN CITY OF TOWN		13d INSIDE CITY LIMITS? YES NO 🂢	13e STREET ADDRES 8409 Menry	S / ZIP CODE		1207
JA FA	Henry Allen Warfie	ald, Sr.	LAST		15. MOTHER'S MAIDEN NAM	ne		1/	AST
	VAS DECEASED EVER IN U.S. AR		SOCIAL SECUR	ITY NO.	17. INFORMANT Mrs. C	arrie Hend?	d'éson		
()	YES NO OR UNKNOWN) (IF YES GIV	E WAR OR DATES)	215-10-04	154	3525 Meadowdale	Drive	Baltimo	re Mary	land 2120
NOI	gove rise to immediate cause (a), stofting the underlying cause lost. PART 2 OTHER SIGNIFICANT (DUE TO, OR AS			NOT RELATED TO THE TERMI	INAL DISEASE OR CC			
CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION	N FOR WHICH (OPERATIO	N WAS PERFORMED	200 AUTOPSY? 200. IF YES, WERE FINDING IN CERTIFYING CAUSES OF YES YES			
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE-	HOUR A.M.	JURY MONTH DA	Y YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF IN	JURY IN ITEM IS PA	ART I OR PART 2)	
MEDICAL	21d. INJURY OCCURRED	21e PLACE OF IF	NJURY ACTORY, OFFICE, FA	RM ETC)	211 LOCATION STREET	CITY OF	TOWN	COUNTY	STATE
	27s.1 certify that of this hosp- saw thindeceases the or above, (1) well did did so	8-25	10 8		d that in (my) (our) opinion o	to	date and hour	ond from th	
	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D								OS-87
200	PHYSICIAN'S NAME (TYPE OF	r y. C	AIRG	V	120 ADDRESS Ball fi'	ne	Court	y	Hapit
	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	8/28/87	W	walfoo		23d LOCATION CITY OF TOWN Woodlawn	Baltimo		MD
24 F	UNERAL DIRECTOR LOCIT					28 987	AR 356 REGISTE	REPS SIGN	Pior Contract

8728 Liberty Road Randallstown Maryland 21133

DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYSIENE / CERTIFICATE OF DEATH

, [-4	O STRAK					REG. NO				
1	I DEC	EASED NAME FIRST		MIDDLE	(AST	20 DATE OF DEATH N	AONTH DAT	-0	26 HOUR	•
- 1		Grace		E	Wa	mer		8 3		In	PM
1	3. SEX		4 RACE		5. DATE O		6. AGE (IN YEARS LAST BIRTH		UNDER I YEAR	HOURS	A IN.
- 1		-	W			18 12	74	YRS			
-		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH				
2	C	Maryland	USA		WIDOWE		Baltimore County				MD.
5	10 CI	TY OR TOWN OF DEATH			IG HOME O	R OTHER INSTITUTION	120 USUAL OCCUPATIO	126 KIND C	OF BUSINES	SOR	
		Towson		SCPh t	DDRESS)		Homemaker Homemaker				
	USUA	L RESIDENCE (IF NURSING HOME C	R OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)						
	13a S Ma		ltimore	Towson		13d. INSIDE CITY LIMITS?	13. STREET ADDRESS /	Ave.	212	204	
-	14 FATHER'S NAME			15 MOTHER'S MAIDEN NA							
	17.10		Hellwig	LAST		Edna E. Lauman					
7		160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIA			IRITY NO.	17 INFORMANT	22 Hear	S Twood	Ct.		
/	(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)			212-09-0	181	Kay Brisenti				1.234	
		18 CAUSE OF DEATH (Enter of	inty ane cause per	line far (a), (b), an	d ici.i	,			BETWEEN	ONSET AND D	PEATH
- 1	- 1	PART I. DEATH WAS CAUS	ED BY	ardicouli		y Arrest					
	IMMEDIATE CAUSE TO,										
		Conditions if any which	DUE TO, O	HIVE TOSC	CONT	c Heart Du	east				
		Canditions, if ony, which gove rise to immediate	(b)_	1100102	a.c.				1.00		
		couse (a), stating the underlying couse last.	DUE TO, O	R AS A CONSEQUI	ENCE OF				1170		
			(c)					UTION CONF	L DADI I		
	z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN								0	1 1
	TIO	190 DATE OF OPERATION 196 CONDITION FOR W			OPERATIO	N WAS PERFORMED	700 AUTOPSY? 200. IF YES, WERE FINDINGS USEI IN CERTIFYING CAUSES OF DEAT			NGS USED	
1	IFICAT	THE DATE OF OFERATION	170. CO.10	TO TO TO THE TO							H2
	CERTI	710. ACCIDENT WAS UNDERLYING	71b TIME C	OF IN IURY		21c. HOW INJURY OCCUR				110	
7		OR CONTRIBUTING CAUSE OF D	LIGUE	M. MONTH D							
/	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN		OF INJURY	19	211 LOCATION			-		
	Me	21d INJURY OCCURRED		REET, FACTORY, OFFICE, I	FARM ETC)	STREET	CITY OR TOV	VN	COUNTY	51.	TATE
		AT WORK AT WORK									
		220 I certify that (I) (this hos				nd that in (my) (our) opinian	, to		9		
		saw the deceased alive of above, (I) (we) (did) (did)	nat) view the body	after death.			death occorred on the do	le diid iiddi i			ied .
		276. SIGNATURE	0		L	DEGREE ATTENDING	MEDICAL STAF	F.	-	E SIGNED	7
		(Iveu	1 Por	400	1	PHYSICIAN (IAN	8-	30-3	1
1	1	224. PHYSICIAN'S NAME (TYPE	OR PRINT	X		77e ADDRESS	11 1 1				
1		ETHAN SPI	EGLER	()		St. Joseph	s Hospital				
		BURIAL, CREMATION, REMOVA	L 236 DATE	230	NAME OF C	EMETERY OR CREMATORY	23d LOCANON				
		Burial	Sept.	3,1987	Woo	dlawn	Woodlawn	Balt	imore	Mary	land
	24 FUNERAL DIRECTOR 6500 Varia Rd 250 DAT						ATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE				
4	Mi	tchell-Wiedefe	ld Home	Inc. Ba	1to.	Md 21212 SF	P 3 1987	Lia De	oidson . T	a dasa	
		TOTE WILCUSTE	Ta Home	THE DU		114.21212	- 0 1001	B.J.E.		- ALANA	

DHMH - 16 60M 7/84 (VRA 15, 4)

FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2	2	5	7	U
G ÑO.	111			-3
G NO.				

	REGISTRAR		CERTIFICA	L OI DEATH	REG. NO).		
	DECEASED NAME FIRST	MIDDLE	LAST		2a DATE OF DEATH	MONTH [DAY YEAR	26 HOUR
1	387 Freder	ick Henry	Warnsman	ın	August 10	, 1987	7	3:10 Am
3. 5	SEX	4. RACE	5 DATE OF BIR	TH YEAR	6. AGE (IN YEARS LAST BIRT	HDAY)	MONTHS DAYS	HOURS MIN.
	Male	Caucasian	June 4.		82	YRS.	NOTHING DATE	
7a.	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	TRY? 8	NEVER MARRIED	9 BALTIMORE CITY O	COUNTY	OF DEATH	
м	country)	USA	WIDOWED	DIVORCED	Baltimore	Coun	ty	MD
	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU		HER INSTITUTION	120 USUAL OCCUPATION	NC	126 KIND C	F BUSINESS OR
	Randallstown	Baltimore Cour		l Hospital	Retired -	US		nment
	UAL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION GIVE RESIDENCE	BEFORE ADMISSION)		. STREET ADDRESS /	ZID CODE		
	a STATE 136 COI	timore Villa		NSIDE CITY LIMITS?	13e STREET ADDRESS /			21207
	FATHER'S NAME		15 A	OTHER'S MAIDEN NAM	AE			
	FIRST	MIDDLE LAST		FIRST	known		ĮAS)T
160	Unknown WAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL	SECURITY NO. 17 II	NFORMANT Spark		ss 211.	52	
	(YES, NO OR UNKNOWN) (IF YES, C	GIVE WAR OR DATES)		rs. Susan S	-,		Farms	Ct.
_	No 1 -			is. Susaii s	ullivan 14	Haire		MATE INTERVAL ONSET AND DEATH
	18 CAUSE OF DEATH (Enter	only one couse per line for (o), (b	or, and (cr.)	0-00	- 1		BETWEEN	ONSET AND DEATH
		ATE CAUSE (a)	TROLD	mes pina	Ony (72	REST		
		DUE TO, OR AS A CONS	FOURNCE OF	-) .	
	Conditions, if any, which	Art .	nesselm	OFFICE CA	ras outs en	CAn-	0112 48	-
	gove rise to immediate	(b) 71227	10000000					
	couse (o), stoting the	DUE TO, OR AS A CONS	EQUENCE OF					
	underlying couse last	((c)	76.3					
	PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING	TO DEATH BUT NOT	RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIV	EN IN PART 1	o
CEPTIEICATION								
A.T.	19a DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION WA	AS PERFORMED	20a AUTOPSY?		S, WERE FINDE	
181					YES TO NOT		S T	NO []
ED	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	RY IN ITEM 18 F	PART OR PART 2)	
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINATION OF THE PROPERTY OF THE P	P.M. 21e PLACE OF INJURY	19 21f	LOCATION				
AAE	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OF		STREET	CITY OR TO	WN	COUNTY	STATE
	AT WORK		1 - 10	9	0-	100	0.7	
		spital) attended the deceased f		19 0	death occurred on the do	70	19	that (I) (we) last
L	saw the deceased alive above, (1) (we) (did) (did	not) view the body after death.	9		death occurred on the do	ite and nou		
Г	22b. SIGNATURE		DEGR				22c. DATE	SIGNED
L	(//0	anny		ATTENDING PHYSICIAN	DIRECTOR PHYSIC	IAN	8-	10-81
	22d. PHYSICIAN'S NAME ITTE	E OR PRINT)	22e	ADDRESS				
	06(44030	B-CONTRADAU	and.	BCGH -	RANDAUS4	2000	red.	21133
23	BURIAL, CREMATION, REMOV		23(NAME OF CEME	TERY OR CREMATORY	23d LOCATION			
	(SPECIFY) Burial		St. James	Episcopal C	h Monkton	Balt	imore	MD STATE
24	FUNERAL DIRECTOR Loris							TURE
	Q72Q Tihawtar D	d. Randallstow	m MD 21	133 AUE	3 1 1 10A7	S. 1.	widow A	Sylvan
_	OLZO PIDELLA KO	. Nandallstow	119 111 61	100	NO.			

DHMH - 16 60M 7/84 (VRA 15, 4)

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IMPORTANT: If them 21 is morked or Item 18 shows ony

CERTIFICATE OF DEATH 062482 AUS 20 DATE OF DEATH MYRTLE WARREN A. 5 DATE OF BIRTH 4 RACE 1 SEX MONTH WHITE 17 1896 97 9 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED U.S.A. WIDOWEDX NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION Inglenack 333 Havenlane 1/2 (TYPE OF WORK FOR MOST, OF WORKING LIFE) INDUSTRY Hamburger's Seamstress 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS 3 106 Governor's Ct. Apt. B Glen Burnie NOX FATHER'S HAME 15 MOTHER'S MAIDEN NAME MIDDLE Rachel Harry Uhler ADDRESS WAS DECEASED EVER IN U.S. ARME. FORCEST 166 SOCIAL SECURITY NO. 17 INFORMANT I IF YES, GOT WAR CONDATES: Lois U. Knopp 12 Gilmore St. 213-42-3599 NO III. CAUSE OF DEATH lEnter only one course per line for rail, (b, PART L DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a CERTIFICATION 206 IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORM 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO 71s. ACCIDENT WAS UNDERLYING THE TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF BEATH OF ETHER NOTIFY MEDICAL FRAMINGS III LOCATION THE INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN AT HOME STREET, FACTORY OFFICE FARM, ETC.) at work at work Th. I certify that (I) (the haspital) attended the deceased from saw, the deceased alive on nd that in (my) lou 77E SIGNATUR DEGREE ATTEN ould be deta th the State I MHYS 274 PHYSICIAN'S NAME (THE COPRINT) PORTAN 22e ADDRESS Darsh Saluja 1600 23a. BURIAL CREMATION, REMOVAL 73% DATE 23c NAME OF CEMETERY OR CREM

8/13/87

Hubbard Funeral Home, Inc. 4107 Wilkens, Aye.

Loudon Park Ceme

Burial

14 FUNERAL DIRECTOR

Item 3, Film G630 8-14-87 CW

1 - STATE 8/24/87 rja 2a

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

26 HOUR

126 KIND OF BUSINESS OR

Dept. Store 21061

Ensey

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

STATE

21061

			00	
	, to 8 · 1			, that (1) (we) last
opinian deo	th occurred an the dat	le ond haur	ond from t	he causes stated
IDING	MEDICAL STAFF	AN []	8.	10-87
Mt. Ro	yal Avenue	2		
etery	Baltimore		COUNTY	Maryland
	12 1007			

DHMH - 16 60M 7/84 (VRA 15, 4)

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Trans

STATE	OF M	ARYL	AND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	2	2	3	4	ngd.
REG. N	10.				-
DE DEATH	MONTH	DAY	YEAR	2h H	OLIP

1	18	STATE EGISTRAR	CERTIFICATE OF DEATH REG. NO. 2 2 3 9 2							
		CEASED NAME FIRST OR PRINT)		WDZIEC	ZKOWSKI	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR	
		Gertr	ude	WDZIECZ	OWSKI (CRIST)	August 3,	1987		4:09p	MC
	3. SEX	7 1.	1 RACE	5. DATE O	FBIRTH	6. AGE (IN YEARS LAST BIRT	THDAY] IF UND	DER I YEAR	IF UNDER 24 H	HRS MIN.
	1	EMALE	WHITE	NAV	3 1907	79	YRS.	DATS	HOURS	AHN.
2	To. BIF	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COL	JNTRY? 8		9. BALTIMORE CITY O		EATH		
5	mi	ARYIAND	11. S. A.	WIDOWEI	NEVER MARRIED	Baltimore	County			MD.
7	10 CI	TY OR TOWN OF DEATH		NURSING HOME O	R OTHER INSTITUTION	12a. USUAL OCCUPATION	ON 12		F BUSINESS	-
/	130	DSEDALE	NOT IN SUCH, FACILITY, GI	SOULAR	E HOSP.	HOMEMAI	WORKING LIFE) IN	IDUSTRY	,	
5	13a S	AL RESIDENCE (IF NURSING HOME OR TATE 13b. COUN	OTHER INSTITUTION, GIVE RESIDEN	OR TOWN	13d. INSIDE CITY LIMITS?	13 STREET ADDRESS	ZIP CODE,	2/10	AV	1
		THER'S NAME	15175	THICKE	15. MOTHER'S MAIDEN NAM	ME	*	014	// -	_
U	5	TANLEY KR	1510PA	AST	SOPHIE	SKOPIN	SKI	LAST	-1/2	
2		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIA	1 1687	THEADARF 1	KALANDOIK	11/6	3.F/1	WARD	AVI
		700	41/1	a 1000	THEODUIL AT	NANTILINAL	1000	APPROXIA	MATE INTERVAL	11.5
		18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE		opulmonar	v apport			BETWEENO	NSET AND DEA	ATH
		IMMEDIA	TE CAUSE (a) CUT UT	opu mionar,	y arrest					
		THE CHARLES	DUE TO, OR AS A COL	NSEQUENCE OF	anahual hammai	whare				
		Conditions, if any, which gove rise to immediate	(b) Massi	ve intraci	erebral hemmon	rnage				
		cause (o), stating the underlying cause last.	DUE TO, OR AS A COL	NSEQUENCE OF						
		didenying coose lost.	(c)							
	NO	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO E			NOT RELATED TO THE TERMI	INAL DISEASE OR CONI	DITION GIVEN IN	PART Ito		
7	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR	ION FOR WHICH OPERATION WAS PERFORMED		200 AUTOPSY?	20b. IF YES, WEI			,
-	RTIF					YES NO[X	YES 🗌	1	NO 🗌	
3	UNCLEO S.41	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		TH DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I C	OR PART 2)		
	CAL	(IF EITHER NOTIFY MEDICAL EXAMINE	Ain	19						
	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY		21f. LOCATION STREET	CITY OR TO	wn c	OUNTY	STATE	E
	×	NOT WHILE AT WORK	(AL HOME, STREET, FACTORY,	OFFICE, FARM ETC)	J. T. C.					
		22a. L certify that (I) (this haspi	ital) attended the deceased	from Augus	1 19.87	_, to August	3, 19_8	7	that (I) (we)) last
	1				d that in (my) (our) apinion a		ate and hour and	from the c	auses states	d
		22b. SIGNATURE	ot) view the body after death		DEGREE		1:	22c DATE S	SIGNED	_
		100	- Dien	-nen n	ATTENDING	MEDICAL STAF	F	8-3-	07	
7		22d. PHYSICIAN'S NAME STYPE O	OR PRINT)	1.0.1	PHYSICIAN	DIRECTOR PHYSIC	IAN	0-3-	-07	
		V				in Course	Durius 2	1227		
-	23. 0		ng, MD	Tan Marie of St	9000 Frankl		Drive 2	1237		
	37	RIAL, CREMATION, REMOVAL	13 DATE / 198-	7 234 NAME OF CI	EMETERY OR CREMATORY	23d LOCATION	100 100	INTY /	17) STATE	E
	24 1	JNERAL DIRECTOR 1	1,00,010	YIUNY	TI ARSo. DAJE	EREC'D. BY REGISTRAR	75h BEGISTE AND	SEIGNATI	- Jall	-
4	RA	YMOND LIKE	TOROWSK	POPESS 2525	FLEET TAU	G 7 1981	256 EGISTRATE	A STATE OF THE STA	-	

DHMH - 16 60M 7/B4

10 FUNERAL DIRECTOR, After this certificate that bound be detected for use on the burnal framely with the State Dept. of Health and Mental Hyden

TO HOSPITAL

IMPORTANT: If the

(VRA 15, 4)

062406 AUG 1187 FEMALE MOVES MAY LETTE mikada ediles, a tillexale in terrene PROGRAMME TRANSPORT OF ARE ALBERT HORSE STEELS A PARTICIPATION OF THE STATE OF THE PARTICIPATION O THE FREE THE SECOND SECOND SHOWS SHOW AND THE STATE OF T and the state of t

STATE OF MARYLAND - STATE 20 DATE KNOWN TTYPE OF PRINTS ESTI-FRED DEATH MATED 3 SEX 4. RACE IF UNDER 1 YR IF UNDER 24 HRS DATE 2d HOUR LAST BIRTHDAY) RONOUNCED 7:00 Male White Dec 26 1907 79 DEAD 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Scotland Baltimore County WIDOWED L 10 CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS N SUCH FACILITY, GIVE STREET ADDRESS)
RIVERSIDE Drive Retired-Chef Essex USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) h 13e STREET ADDRESS 423 Riverside Drive 21221 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? Md. Essex 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO ADDRESS Manetta Guerndt 617 Vinginia Ave. 21221 100-16-7667 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY PHYXIATION IMMEDIATE CAUSE (n. DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which TANGING gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD-PAGE 4 SHOULD BE FORWARDED TO THE CHIER FOR THE BEATH, WITH THE STATE OFPARTMENT OF AFTER DEATH, WITH THE STATE OFPARTMENT OF BALTIMORE, MARYLAND, 21201 PRIQR TO BURIAL 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET STATE WHILE NOT WHILE CITY OR TOWN COUNTY Inspection 220. I certify that I taak charge of the remains described above, held an death resulted frame Undetermined manner Natural causes Hamicide TITLE (SPECIFY) XAMINER'S NAME ADDRESS 9600 FRANKLIN SQUARE OR 230. BURIAL, CREMATION, REMOVAL DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Cremation Security Process Inc. Baltimore Maryland 24 FUNERAL DIRECTOR DHMH - 17 (VR A15 ME (5)) Connelly Funeral Home 300 Mace Ave

War more

FOR STATE

062371

STATE OF MARYLAND

CERTIFICATE OF DEATH

1 4110	REGISTRAR	CERTIFICATE OF DEATH	REG. NO.	
1 408	PE OF PRINTE	V POLE, LAST	20 DATE OF DEATH MONTH DAY	YEAR 26 HOUR
	JEANETTE	E. WEBER	AUG 5 1981	7
1.5	4 RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER	
-	F	N NULY BAY YEAR	81 YRS MONTHS	DATS HOURS
7o.	BIRTHPLACE (STATE OR FOREIGN 76 CITIZ	NOF WHAT COUNTRY? 8 MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNTY OF DEA	ATH
11	MARYLAND L	VISA WIDOWED DIVORCED	BALTO COUN	TY
300		E OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION		IND OF BUSINESS
TO 1	DUNDALK 19.	30 WALNUT AVE	(TYPE OF WORK FOR MOST OF WORKING LIFE) INDI	JSTRY
27	TAL HESIDENCE (IF NURSING HOME OR OTHER INST		In court appores / 7/0 copr	17/12/1
191	MD BALTO	136 CITY OR TOWN 13d. INSIDE CITY LIMITS? YES NO DE	13e STREET ADDRESS / ZIP CODE	TAD
100	ATHERS NAME	15 MOTHER'S MAIDEN N		1 // /
220V	VALTER PR	TYRYSZEWSI BERTH	1A MIDDLE JAKI	11/5/
9 160	WAS DECEASED EVER IN U.S. ARMED FOR		ADDRESS	102
1/1	(IF YES GIVE WAR OR D	220-46-294DEDRES	NISNIEWSKI MT	DESA
21	18 CAUSE OF DEATH Enter only one can	use per line for (a), (b), and (c)	N.F.	APPROXIMATE INTERVA
1	PART I. DEATH WAS CAUSED BY:		farction	Ihr.
2				
9	Conditions, if ony, which	TO, OR AS A CONSEQUENCE OF		
2	gave rise ta immediate			
othe o	underlying cause last	to, or as a consequence of		
8	PART 2 OTHER SIGNIEICANT CONDITION	INS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TEL	PAAINIAI DISEASE OR CONDITION CINEN IN I	A D.Y. 1
E Z	TARK T GIVER SIGNAL CAN CONDUITE	CONTRIBUTION TO DEATH BUT NOT RECATED TO THE TEX	KMINAL DISEASE OR CONDITION GIVEN IN P	aki nd
10 8	19a DATE OF OPERATION 196	CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE	FINDINGS USED
17 1			YES NOT YES T	AUSES OF DEATH?
3 7 B		IME OF INJURY 21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR P	
4 4	ON CONTRIBOTATO CON DEATH	UR A.M. MONTH DAY YEAR		
1 / 00	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e F	P.M. 19 LACE OF INJURY 211 LOCATION		
MED!	NOT WHILE AT WORK	DME STREET FACTORY, OFFICE FARM, ETC.) STREET	CITY OR TOWN COU	NTY STATE
9		ded the deserred from July 10 1	8 8/5 10 8	7
2	22a.1 certify that (1) (this haspital) attention sow the deceased alive on	3 19 8 7 and that in (my) (our) opinio	on death accurred an the date and hour and fic	that (V)e)
î.	abave (1) (we) (did) (did not) view the	bady other death. DEGREE		DATESIONED
2	15/000	ha MA ATTENDING	MEDICAL STAFF	8/1/5
3	22d. PHYSICIAN'S NAME TO OR PAINT	PHYSICIAN 272 ADDRESS	DIRECTOR PHYSICIAN	16/8
MPORTAN	IFS (but	ho 100	O North A. Rd	7
3	1-0.0101	1012 00		1
23a	BURIAL, CREMATION, REMOVAL 236 DA	123C NAME OF CEMETERY OR CREMATORY	Y 23d LOCATION COUNTY	A A SWI
- 6	UNIAL 8/	8 18" HUJY 105ABY	DUNDALK	IND
M 7/84	UNERAL DIRECTOR	ADDRESS 401 8 25a D.	ATE REC'D. BY REGISTRAR 256, REGISTRAR'S S	
4)	HAN MWEBER USA		116 7 1987 Auta Ten	don-Randal

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

		FilmG630 item 16b FOR 1-STATE		STATE OF MARYLAND IMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	SIENE/ 2 2 3	9 5
63104 A	UG IS	REGISTRAR DE EASED NAME FIRST	WIDDLE	tast	REG. NO. 1022 20. DATE OF DEATH MONTH DA	Y YEAR 26 HOUR
page 3	-	ROBERT	R.	WEDGE	August 14, 1987	M
ge 4 mo	3	Male Male	White	S DATE OF BIRTH May 26, 1912 YEAR		UNDER LYEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIN.
eath. Po	35	Maryland	76. CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED X NEVER MARRIED WIDOWED DIVORCED	Baltimore County of Baltimore County	
s offer d	Self Self	CITY OR TOWN OF DEATH Lutherville	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION (T ADDRESS) 21093	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Retired —Plumbin	12b. KIND OF BUSINESS OR INDUSTRY B & Heating Co
ed within 24 hours mpletely filled in by	on sta	USUAL RESIDENCE (IF NURSING HOME OF 130, STATE 13b, COUI Bal		WN 13d INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP CODE 1305 Malbay Dr.	21093
mpletely		Russell I	M. Wedge	15. MOTHER'S MAIDEN NA Bertha	ME MIDDLE	Reifner
	medicol	60. WAS DECEASED EVER IN U.S. AR NO (YES, NO OR UNKNOWN) (IF YES, GR	RMED FORCES? 166. SOCIAL SEC 212-03-		ADDRESS ige - same as #13e	
dalm that the area of property of control of	niury, or all er troumotic even	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT	TE CAUSE (0) DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	Me tastate	Cance	IN PART I(o)
DIVISION OF VITAL RECORDS, NO PHYSICIAN. The low-requirementing physician. There was certificate has been sign as the buriod-frame? Permit Then th and Mermal Highers print to b.	9	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY? 200 IF YES, NIN CERTIFYI YES NO YES	WERE FINDINGS USED NG CAUSES OF DEATH? NO
CSAN, 1 g physics entilicate individual	1.0	OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM TO PAR	I I OR PART 2)
uG PHYS affecting the fluir thank fluir thank fluir thank fluir	0/	THE EITHER NOTIFY MEDICAL EXAMINE 21d. IN JURY OCCURRED WMILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENDIA aspital aspit	m 21 m	saw the deceased alive an	of vysymebody after death.		deoth occurred on the date and hour o	
by the h by the h ERAL DIR	± 1	22d PHYSICIAN'S NAME	Myno	ATTENDING PHYSICIAN 122e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	Ang 148
TO HOSPIT retained by TO FUNER should be with the Ste	MPORTANT	Albert D	eloskey, M.D.	660 Ken.ilw	orth Drive, Towson	n, Md. 21204
BP	1	230 BURIAL, CREMATION, REMOVAL (SPECIFY) Buria1		NAME OF CEMETERY OR CREMATORY Druid Ridge	Pikesville, B	alto. Mď.
DHMH - 16 60M (VRA 15, 4)		24 FUNERAL DIRECTOR Ruck Towson Funer	10	50 York Rd. 25a. DAT	E REC'D. BY REGISTRAP 255 REGISTRA	R'S SICHATURE CON-

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO HOSPITAL OR ATTENDING PHYSICIAN: The low retoined by the haspital or attending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the other should be detached for use as the burial-transit permit. Then please member or with the State Dept of Health and Mental Hygiene prior to burial, criminan.

BP.

DHMH - 16 60M 7/B-

(VRA 15, 4)

0 6 3 7,5 3 AUG

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

R 8	EASED NAME FIRS	1	MIDDLE	LAST			ATE OF DEATH	MONTH	DAY YEAR	26 HOUR
	30/1/	V =	50SEPH	h	EGLEIN	11	4464ST	19	3 87	8:10 PM
3.58	X	4. RACE		5. DATE OF B		6 AGI	E (IN YEARS LAST BIRT	THDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
1	MALE	WH	LIE	JULY	11 194	2	45	YRS.	MONTHS DATS	HOURS MIN.
	COUNTRY!	N 76. CITIZEN OF	WHAT COUNTRY?	8 MADDIED D	NEVER MARRIED	9 BAI	TIMORE CITY O	R COUNT	Y OF DEATH	
P.	MD	u	5/1	WIDOWED		0 13	AZTO.	Co	DUNTY	M
10 C	ITY OR TOWN OF DEATH		HOSPITAL, NURSING		THER INSTITUTION		SUAL OCCUPATION	ON	12b, KIND C	OF BUSINESS OF
10	OSSVILL	FRA	mktin	9QU	ARE				iez.	
	STATE 13b	OME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE		INSIDE CITY LIMITS	? 13e.ST	REET ADDRESS /	ZIP COD	DE	
	Wh.	3/7270.	ESSEX		ES NO P	5			SEPE D	R 2/1
IA F	ATHER'S NAME	MIDDLE	LAST	15.	MOTHER'S MAIDEN	NAME	MIDDLE		LAS	ST
1	50HW		WEGLES		LILL	IAN			DORK	BERT
	WAS DECEASED EVER IN U. (YES, NO OR UNKNOWN) (IF Y	S. ARMED FORCES?	166 SOCIAL SECUR		INFORMANT		ADDRE	SS		
	YES 1	9600	214-38	-263	WANDA	WE	EGLESA	,	5Am€	
	18 CAUSE OF DEATH (En	ter only one couse per	line for (a), (b), and	(C).				1000	BETWEEN	IMATE INTERVAL ONSET AND DEATH
		EDIATE CAUSE (a)	CARDIA	TA	MPONA.	DE			m	inutes
		DUE TO, O	R AS A CONSEQUE	NCE OF						
	Conditions, if ony, which		RUPTUR	RED F	HORTIC_	ANE	URYSI	4	mi	nues
	cause (a), stating th	he DUE TO O	R AS A CONSEQUE						1	
	underlying cause la	(c)	ATHERO						Yea	rs
z	PART 2 OTHER SIGNIFICA	ANT CONDITIONS CO	ONTRIBUTING TO D	EATH BUT NO	T RELATED TO THE T	ERMINAL D	ISEASE OR CON	DITION GI	IVEN IN PART 1	D .
CERTIFICATION	19a DATE OF OPERATION		LNFARC		AS DEDECORATED	20-	AUTOPSY?	Tank IF VE	S, WERE FINDIN	100 11000
FIC	196 DATE OF OPERATION	148 COND	IIION FOR WHICH (SPEKATION W	AS PERFORMED	200	V -	IN CERTI	IFYING CAUSES	OF DEATH?
E	210. ACCIDENT WAS UNDERLYIN	G 71b. TIME O	F IN II IDV	121	c. HOW INJURY OCC	YES	NO		ES	ио 🗌
	OR CONTRIBUTING CAUSE	110110 4	M. MONTH DA	Y YEAR	C. NOW INJORT OCC	OKKED (E	NTER NATURE OF INJUR	IA IM IIEW IB	PART 1 OR PART 2)	
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXA			19	LOCATION					
ME	WHILE TO NOT WHILE T	?Te. PLACE	REET, FACTORY, OFFICE, FA		STREET		CITY OR TO	WN	COUNTY	STATE
	AT WORK			1110	19 0	7	Ano.	19	87	
10	27a I certify that (I) (this saw the deceased oli		e deceased from	XI I	not in (my) (our) opini	ion death o	7 (00	to and be	, 19 <u>21</u> ,	tho (1) (we) las
	abave, (1) (we) (did) (a 27b. SIGNATURE		after death	DEG		ion deally o	ccorred ow me do	Tre and no		
	A ~ CU	V Atao	kan	M.T	ATTENDING	G MED	DICAL STAF	FF	27c. DATE	1 PZ
1	22d PHYSICIAN'S NAME	/	ran		PHYSICIAN ADDRESS	DIRE	CTOR PHYSIC		11000	1 07
	NANCY V	STRAH	AN MD		9101 FRAN	KIM	SOUIDE		UTTE 2	
22-									RIVE -	2123-
230	BURIAL, CREMATION, REMO		The second second second		TERY OR CREMATOR		LOCATION	100 11	COUNTY	STATE
74 E	UNERAL DIRECTOR	AUG.	-4, 1/3/ Pg	OREZA	- /		D. BY REGISTRAR		BARTO SIGNAT	
1	- NIAME	C	ADDRESS	0.1	1 4	HO O	5 4007	ZJB. REGIS	CANAL SOUNAL	andelle:
	CONNELLY	1-4NEFAL	MINE 9	UMAGC	EAVE A	00 4	0 190/	TANKE TO	and Laborer and A.	

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1. DECEASED NAME

Raymond

TYPE OR PRINT!

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

LAST

Welch

26 HOUR

9:00 A

MONTH

20 DATE OF DEATH

8-06-87

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BP__

DHMH - 1

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

	3. SEX	(RACE		5. DATE O	OF BIRTH		6. AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
. 11		Male		White		MONT		25	62	YRS	MONTHS DAYS	HOURS MIN.
7	JE BIRTHPLACE STATE OF FOREIGN		I STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? 8.		8.		1F)	9 BALTIMORE CITY OR COUNTY OF DEATH				
2		Maryland		U.S.	Α.	WIDOWE	D NEVERA	AARRIED &		ore Co		MD.
1	_	TY OR TOWN OF DEA	тн	11. NAME OF	HOSPITAL, NURSIN	IG HOME			120 USUAL OCCUP	ATION	12b. KIND O	OF BUSINESS OR
1	(Catonsville	e		nook Nurs		ome		n/a	TOF WORKING L		n/a
2	13a. S	AL RESIDENCE (IF NURS	13b. COUN	TY	GIVE RESIDENCE BEFORE		13d. INSIDE C	ITY LIMITS?	13e STREET ADDRES	S / ZIP COD		
1		aryland	Balt	imore	Catonsv	ille	YES 🗌	NOX	242 Blake	ney Ro	ad 212:	28
0	14 EA	THER'S NAME FIRST	A	AIDDLE	LAST			FIRST	MIDDLE		LAS	at .
A		Harry	111111111111111111111111111111111111111	С.	Welch			largare		llan	F	orney
1		YAS DECEASED EVER		WAR OR DATES	16b SOCIAL SECU		17. INFORMA				and all D	3 21220
		NO			218-50-		Dualey	A. Der	marest 630	1 Fred		
		18 CAUSE OF DEATH PART I. DEATH W	H (Enter onlo	y one couse per BY:	Acute m	VOC 2	rdial	incuf	ficiency			hours
			IMMEDIATE	E CAUSE (a)			400		-		ove	
		Conditions if		DUE TO, O	Acute m	VOCa	rdial	infar	ction			hours
		Conditions, if any, gave rise to imm cause (a), statin	nediate	10,								
		underlying cause		DUE 10, O	coronar Coronar	y ar	tery d	iseas	е			
		PART 2 OTHER SIGN	NIFICANT C	ONDITIONS CO	ONTRIBUTING TO [DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CO	NDITIONG	VEN IN PART 110	0
	TION											
	CERTIFICATION	19a DATE OF OPERAT	ION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	RMED	20a AUTOPSY?	20b. IF YE IN CERTI	S, WERE FINDIN	OF DEATH?
_	ERTI	210 ACCIDENT WAS UND	ERLYING	21b. TIME C	F IN ILIRY		121, HOW IN	ILIPY OCCUPS	YES NO	YI	ESAE	NO 🗆
		OR CONTRIBUTING	AUSE OF DEAT	HOUR A.	M. MONTH DA			JOHN OCCORN	LED TENIER NATURE OF I	IJORT IN TEM TO	PARTION PART 2)	
1	MEDICAL	21d INJURY OCCURE		21e. PLACE	M. OF INJURY	19	211 LOCATIO	N				
	ME	WHILE NOT WH	IN C	JAT HOME STI	REET FACTORY, OFFICE, F	ARM ETC }	STREET		CITY OF	TOWN	COUNTY	STATE
		220 1 certify that (I)		al) attended th	e deceased from	N/A		_, 19	, ta		, 19	that (1) (we) last
		saw the decease above, (1) (we) (c	ed alive an_		19		nd that in (my)	(aur) apınian o	death accurred an the	date and hai	ut and fram the	causes stated
		776 SIGNATURE	no / (ala na	view the body	differ dealin.		DEGREE				22c. DATE	SIGNED
		Tele	ele	hela	Cel	N	7	TTENDING PHYSICIAN	MEDICAL S	SICIAN	8-0	6-87
		224 PHYSICIAN'S NA			X	1			del Hosp			
		Telesfor	0 G.	Reyes	, Jr.,	M.p.	301 H	lospit	al Drive	, Gler	n Burn	ie, MD.
		URIAL, CREMATION,		23b. DATE			EMETERY OR		23d LOCATION		COUNTY NA	- WHI -
	24 5	Buria	T	8/8/8	/ 100	uaon	park Ce	_	Baltimor			aryländ
		ubbard Fun	eral 1	Home, I	nc. 4107	Wilke	as Ave.	25a DAT	GO 7 108		TRAR'S SIGNAT	Pandage
						212	29	110	SPI I D	1 0		

M.

rector, page 3 DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 O FUNERAL DIRECTOR

062288

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAPHYGIENE

JG L	- STATE		MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	, REG. NO	2210
1.0	PECEASED NAME FIRST	Joan	Welsh	20 DATE OF DEATH	MONTH DAY YEAR 28 H
3. S	EX	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIR	
	Female	White	Nov. 12, 1929	57	YRS MONTHS DATS HOU
6	BIRTHPLACE (STATE ORFOREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT COUNTRY?		BALTIMORE CITY O	R COUNTY OF DEATH
6	OWSOW		NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION OF WORK FOR MOST O	
L 130	UAL RESIDENCE (IF NURSING HOME STATE 136 CC	OR OTHER INSTITUTION GIVE RESIDENCE BEFOR UNTY 136 CITY OR TOW Baltimos	VN 13d. INSIDE CITY LIMITS?	13. STREET ADDRESS / 4208 Spri	ZIP CODE
77.41	FATHER'S NAME FIRST Elden	Patterson Patterson	Jane 15. MOTHER'S MAIDEN N	W. WIDDLE	Westwood
1 160	WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL SECTION OF SOCIAL SECTI		es C. Welsh	same as 13e
	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one couse per line for (a), (b), or ISED BY IATE CAUSE (a)	nd Ict.)	C 40050	APPROXIMATE BETWEEN ONSET
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQU	JENCE OF JENCE OF	Tuly	
NOIN	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICAN	DUE TO, OR AS A CONSEQUENCE OF THE CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	minal disease or con	
THECATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION	T CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONI 200 AUTOPSY? YES NO	206 IF YES, WERE FINDINGS LIN CERTIFYING CAUSES OF D
AL CERTIFIC	Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse lost. PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	T CONDITIONS CONTRIBUTING TO 196. CONDITION FOR WHICH 216. TIME OF INJURY HOUR A.M. MONTH D	DEATH BUT NOT RELATED TO THE TER H OPERATION WAS PERFORMED 21c HOW INJURY OCCU 19	MINAL DISEASE OR CONI	206 IF YES, WERE FINDINGS LIN CERTIFYING CAUSES OF D
MEDICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse lost. PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	T CONDITIONS CONTRIBUTING TO 196. CONDITION FOR WHICH 216. TIME OF INJURY HOUR A.M. MONTH D	DEATH BUT NOT RELATED TO THE TER H OPERATION WAS PERFORMED 21c HOW INJURY OCCU 21l LOCATION	MINAL DISEASE OR CONI 200 AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS L IN CERTIFYING CAUSES OF D YES NO
AL CERTIFIC	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM 21d INJURY OCCURRED WHILE AT WORK AT WORK AT WORK AT WORK AT WORK Sow the decembed allive	DUE TO, OR AS A CONSEQUENCE OF THE PLACE OF INJURY HOUR A.M. MONTH D.M. AS A CONSEQUENCE OF INJURY HOUR A.M. MONTH D.M. AS A CONSEQUENCE OF INJURY (AT HOME: STREET, FACTORY OFFICE.	DEATH BUT NOT RELATED TO THE TER H OPERATION WAS PERFORMED 21c HOW INJURY OCCU 21l LOCATION	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUI	20b. IF YES, WERE FINDINGS LIN CERTIFYING CAUSES OF D YES NO RY IN ITEM 18 PART 1 OR PART 2) WN COUNTY
AL CERTIFIC	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM 21d INJURY OCCURRED WHILE AT WORK AT WORK AT WORK AT WORK AT WORK Sow the decembed allive	DUE TO, OR AS A CONSEQUENCE OF THE PLACE OF INJURY AT HOME STREET, FACTORY OFFICE.	DEATH BUT NOT RELATED TO THE TER H OPERATION WAS PERFORMED 21th HOW INJURY OCCU 21th LOCATION FARM, ETC 21th LOCATION 5 TREET DEGREE ATTENDING	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUI	20b. IF YES, WERE FINDINGS UIN CERTIFYING CAUSES OF D YES NO RY IN ITEM IS PART 1 OR PART 2) WN COUNTY The ond hour and from the couse 22c. DATE SIGN
AL CERTIFIC	Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse lost. PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTH MEDICAL EXAM 21d INJURY OCCURRED WHITE NOTH WHITE AT WORK 270 I certify that (I) (this has sow the decease alive above, (I) we) (did indid 27b. SIGNATURE) 22d PHYSICIAN'S NAME (IY	DUE TO, OR AS A CONSEQUENCE OF THE CONDITIONS CONTRIBUTING TO 196 CONDITION FOR WHICH 216 TIME OF INJURY HOUR A.M. MONTH D P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE. spito) of tendent the deceosed from on	DEATH BUT NOT RELATED TO THE TER H OPERATION WAS PERFORMED 211 HOW INJURY OCCU 19 211 LOCATION 51REET DEGREE ATTENDING PHYSICIAN 22e ADDRESS Stel	200 AUTOPSY? YES NO RRED (ENTER NATURE OF INJUIT O deoth occurred on the do MEDICAL STAI DIRECTOR PHYSIC LIA MARIS	20b. IF YES, WERE FINDINGS UIN CERTIFYING CAUSES OF D YES NO RY IN ITEM IS PART 1 OR PART 2) WN COUNTY The ond hour and from the couse 22c. DATE SIGN

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FOR 1 - STATE REGIS 6 2 2 3 6 AUG | POECEASED (IMPE OR PRINT) 3. SEX 7a. BIRTHPLA 7a. BIRTHPLA Ma. Ma.

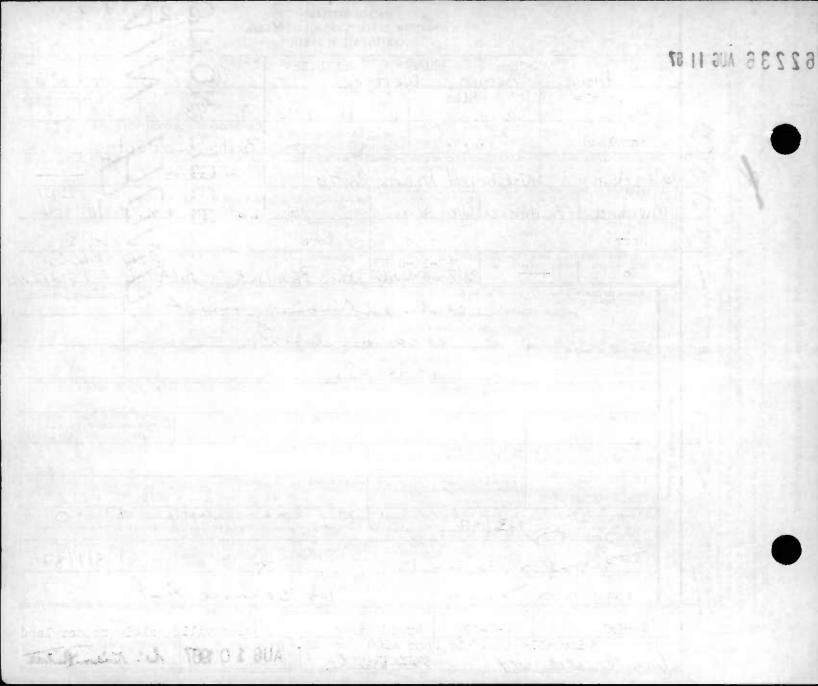
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL ATGIENE CERTIFICATE OF DEATH

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			MIDDLE 3100km	1.63					
	CEASED NAME FIRST	ANNIE	BROWN	J	WELTNERR	20 DATE OF DEATH	MONTH DAY	YEAR 2	HOUR
(LIANE	ORPRINT) ANALLE	2	on u	10/1+0	WELLMEN	aug	. 3	198-	2/3
3. SEX	X F3	T. A. T.		5. DATE OF	F BIRTH	6. AGE (IN YEARS LAS) BI	RIHDAY) IF	UNDER I YEAR I	UNDER 24
7	Female	1 A. W	Thite	MONTH	DAY YEAR	02		THS BAYS	IOURS I
70 PH	RTHPLACE (STATE OR FOREIGN	Cauc	WHAT COUNTRY?		11 1893	A BAITIMORE CITY	YRS	FDEATH	
7 0 . DIF	COUNTRY)			MARRIED	NEVER MARRIED	9 BALTIMORE CITY O	A	PDEATH	
	Maryland		S.A.	WIDOWED		taltimore	Coun	14	
G	len Arm		HOSPITAL, NURSING HEACILITY, GIVE STREET A		Containstitution	(TYPE OF WORK FOR MOS) (Homemak		121 KIND OF I	BUSINESS
13a. S	AL RESIDENCE (IF NURSING HOME STATE 136. CO		GIVE RESIDENCE BEFORE.		13d. INSIDE CITY LIMITS? YES NO SE	136.STREET ADDRESS	Ann R	D Apt	104
FA.	THER'S NAME	WIDDLE	7		15. MOTHER'S MAIDEN NA				
1	Harry	MIDDLE	Brown	1	Dora	WIDDIE		Depk	in
	VAS DECEASED EVER IN U.S.		166 SOCIAL SECUE	RIEY NOO	17. INFORMANT	ADDR	ESS 21.2 Q	ochalo	
(1	YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)	XXXXXXXXX		Drie Roum	hook Bu	11	101	2121
-	18 CAUSE OF DEATH (Enter		725 725		Thas Trum	LUCK VIII	Utimore	APPROXIMA BETWEEN ON	TE INTERVA
	Conditions, if any, which gave rise to immediate	DUE TO, OI	R AS A CONSEQUE	NCE OF	my desid	J.			
ATION	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAN	DUE TO, OI (c) CONDITIONS CO	R AS A CONSEQUEI	NCE OF	NOT RELATED TO THE TERM				SUSED
THEATION	Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, OI (c) CONDITIONS CO	R AS A CONSEQUEI	NCE OF		VINAL DISEASE OR CON 200 AUTOPSY? YES NO	20b. IF YES, V	VERE FINDING	
CAL CERTIFICATION	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAN	(b)	P AS A CONSEQUEI DITION FOR WHICH (F INJURY M. MONTH DA	NCE OF CYLEATH BUT N	NOT RELATED TO THE TERM	20a AUTOPSY? YES NO	20b. IF YES, V IN CERTIFYIN YES [VERE FINDING NG CAUSES OF	DEATH?
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DHMH - 16 60M 7/84 (VRA 15, 4)

to FUNERAL DIRECTOR. A should be detached for use with the State Dept. of Heal



TO HOSPITAL OR

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DHMH - 16 60M 7/B4

(VRA 15, 4)

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STATE OF MARYLAND	2
DEPARTMENT OF HEALTH AND MENTAL HYGIEN	₹E
CERTIFICATE OF DEATH	٨

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-	FOR STATE REGISTRAR	DEPART		HEALTH AND MENTAL RYG FICATE OF DEATH	REG. N	24	00	
SEP 72	PE DRIPRINT PERN	ard J. Wenczko	wski	LAST	20. DATE OF DEATH August	31, 19		2b HOUR
3 SE		4 RACE		OF BIRTH	6 AGE (IN YEARS LAST BIR	RIHDAY)	ONTHS BAYS	IF UNDER 24 HRS
4	Male	White		6, 1931 YEAR	55	YRS		
5 M	SIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIE WIDOW	ED DIVORCED	Paltimore city of Baltimo	-	unty	MD
0	Essex 21221	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET 1501 Galens	Rd.		120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Deckman			Shorema
5 13a M	Card and and and and and and and and and an				13e STREET ADDRESS 1501 Gal	zip cope ena Rd	. 21	221
) 14 F	ATHER'S NAME FIRST Benjamin	Wenczkowki.		is. MOTHER'S MAIDEN NAME Victor	ia Macijew		ŁAST	
	WAS DECEASED EVER IN U.S. AR	E WAR OR DATES)		17 INFORMANT	ADDR		_	
Ma	Yes No OR UNKNOWN) (IF YES GIV	in War 212 26	5473	Catherine We	nezkowki, W	ife	Same	NATE INTERVAL
CERTIFICATION	couse (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUE (c) ONDITIONS CONTRIBUTING TO	DEATH BU		INAL DISEASE OR CON	20b. IF YES,	N IN PART TO	GS USED
4	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		Tax you have occurre	YES NO	YES		NO 🗌
	OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH D	AY YEAR	216 HOW INJURY OCCURE	CED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	RT OR PART 2)	
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE	FARM, ETC }	211 LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
	27a I certify that (1) (this hospit sow the deceased alive an above, (1) (we) (did) (did no 27b. SIGNATURE	ol) ottowded the deceased from 19	37.	ond that in (my) (our) opinion of DEGREE	to 2 death occurred on the d	ote and hour	1	
/	27d PHYSICIAN'S NAME (TYPE O	tation MC)	ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STA	FF CIAN []	8-31	1-87
	P. A. BAL	1A7215		901 EASTER1		ALTO	mo z	21221
	BURIAL, CREMATION, REMOVAL			CEMETERY OR CREMATORY Commeter			COUNTY	STATE
	uzdžinski Funer	al Home & 1409	old H	Castern Ave SE	P 1 1987		AR'S SIGNATU	

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGUNE
CERTIFICATE OF DEATH

.1-	FOR STATE PEGISTRAR			EALTH AND MENTAL I	HYGUNE REG. N		
	SEASED NAME FIRST M. MARY	ARY MIDDLE I	NGE U HEEL	AST WHEELER	20. DATE OF DEATH	MONTH DAY YEAR 26 HO	URJ M
3. SE	FEMALE	4. RACE WHITE	S. DATE C	5-24-1890	6. AGE (IN YEARS LAST BIT	MONTHS DAYS HOURS	R 24 HRS MIN.
No	RTHPLACE (STATE OR FOREIGN COUNTRY) Orth Carolina ITY OR TOWN OF DEATH	76. CITIZEN OF WHAT CO	MARRIE	D DIVORCED	X Da.	E COUNTY	MD
To	WSON AL RESIDENCE (IF NURSING HOME)	DUANEY TO	USDE NULL	SING HOME	Secretary		iess Ok
130. S Ma	STATE 136 COL	JNTY 13c. CITY	or TOWN timore	13d. INSIDE CITY LIMITS YES NO X	1200 Wake:	ford Circle 2121	2
	FIRST	MIDOLE Primon	Inge	Della 17 INFORMANT	MIDDLE	Cochran	
		220	-24-0657		ickinson 1200	Wakeford Cir. 2	
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ATION	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBU	TING TO DEATH BUT		ERMINAL DISEASE OR CON	DITION GIVEN IN PART Ita 20b. IF YES, WERE FINDINGS USE	ED.
CERTIFICATION					YES NO	IN CERTIFYING CAUSES OF DEA	TH?
MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	ER) P.M.	NTH DAY YEAR		CURRED (ENTERNATURE OF INSL	RY IN ITEM TO PART I OR PART?)	
MED	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJUF (AT HOME, STREET, FACTO	RY, OFFICE, FARM, ETC.)	21f LOCATION STREET	CHYORIC	-0.7	STATE
-	22E SHYGICIAN'S NAME (1111	view the body after den	19.87. or	OF ATTENDING PHYSICIAN 1238. ADDRESS	G MEDICAL STA	CIAN 10/24/	
23a 6	Charl BURIAL, CREMATION, REMOVA	les F. 0'Donn	2.740	7501	L York Road 2	1204	
T		0-2/-			CITY OF TOWN	COMMIT	42.75
_	Burial UNERAL DIRECTOR	RHXXXXX	Dulaney		Luthervil]	e Baltimore Mary	yland

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

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1	-			1. DEC	EASED NAME	FIR51	M	AIDDLE	ı	AST	20 DA	ATE OF DEATH	MONTH DAY	YEAR 26	HOUS A
	e e	page 3		Inte	DORO	THY	F		u	DHITE	14	UG. 18	8,19	8/16	PM
1	L O E	0 0	i	3 SEX			RACE		S. DATE C			E (IN YEARS LAST BIRTH	HDAY) IF I	A LEGICAL OF THE PARTY OF THE P	UNDER 24 HRS
)	e 4	s of			Female		White		MONTH 2	-17-1916 YEAR	.R	71	YRS		JOKS MIN.
	Pog	hou	8/6		OUNTRY)	DREIGN 76.	CITIZEN OF	WHAT COUN	TRY? 8	D NEVER MARRIED	9 BAI	TIMORE CITY OF	COUNTY OF	DEATH	,
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	e d	with	3	-	TY OR TOWN OF DEA	TH 11	, NAME OF H	OSPITAL, NE	URSING HOME (OR OTHER INSTITUTION		SUAL OCCUPATION		126 KIND OF B	USINESS OR
0	s of	by th	2		W SON		STI	105	EPH /	HOSPITH	94	Homemak		at hom	e
MARYLAND 2120	hour	o P	27-	130. S	L RESIDENCE (IF NUESITATE	NG HOME OR OT	HER INSTITUTION	GIVE RESIDENCE	BEFORE ADMISSION)	113d INSIDE CITY LIMI	ITS? 113e ST	REET ADDRESS /	ZIP CODE	011	2111
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>.	t the	the rem			cause (a), stating) the	DUE TO, OF	MAS ACONE	TERAL	-unnere	2014	piric		YER	100
	that	d by lease	or other			_				THROMBO					8
DIVISION OF VITAL RECORDS, 201	ci es	signe ben pl	ury.	z	4			Such a D	G TO DEATH BUT	NOT RELATED TO THE	E TERMINAL D	DISEASE OR COND	DITION GIVEN	IN PART 110	
0,0	9	1. T	è 🗸	ATIO	CHOLE LIT	.11.0	1	TION FOR W	HICH OPERATIO	N WAS PERFORMED	1 200	AUTOPSY?	1206. IF YES, V	VERE FINDINGS	SUSED
, RE	- O	0 0 0	30	CERTIFICATION	in date or oten						YE	S NO NO	IN CERTIFYIN	NG CAUSES OF	DEATH?
ITAI	I. Th	ronsit p	8 sho	ERT	210 ACCIDENT WAS UND	ERLYING -	21b. TIME O			21c. HOW INJURY O					
Ŋ.	Phy	riol-tronsit entol Hygie	8 J		OR CONTRIBUTING C				DAY YEAR						
NO	4YSK ding	buriol-tr Mental	or It	MEDICAL	114 EITHER NOTIFY MEDIC		21e. PLACE C	OF INJURY		211 LOCATION			-	COUNTY	STATE
VISI	G Pr	the and		¥.	WHILE NOT WH	LE 🗌	AT HOME STR	EET FACTORY O	FFICE, FARM ETC)	STREET		CITY OR TOV	WN	COUNTY	STATE
ō	Zo	Aft.	morked		220 I certify that		offended the	e deceased f	rom	8-16 19	87 10	8-	18 19	87 , tha	t 🌠 (we) lost
	TEN	DIRECTOR oched for u Dept of He	21 15		saw the decease	d alive an	8.	-18	B (1)	nd that in 🖛 (aur) as	pinion death o	occurred on the do	ite and haur a		
	OR A	REC hed	E		abave, (1) (we) (22b. SIG TATUR)	A I	view the oddy	uner deam.		DEGREE				22c DATE SIC	GNED
	al o	At D detoc	= /		Hey	edai	Your,	MO		MI) ATTEND	ING MED	CTOR PHYSIC	IAN P	8-18-	87
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	HO		MPORTANT:		JORGE C.	SECA	DA- LO	N. OIV	10	ST JOSEPH 2620 YO	OLIC RE	DAD. TOU	USON,	MD, 21	204
	of a	O de 3	3	23a 8	URIAL, CREMATION, I		236. DATE			EMETERY OR CREMAT		LOCATION		OUNTY	STATE
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	DHMH	1 - 16 60M	7/84	24 FL	NERAL DIRECTOR			ADD	PRESS	3			256 REGISTRA	R'S SIGNATUR	
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN

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3. SE			4. RACE	مطائما		5. DATE O		YEAR	6 AGE (IN YEAR		HDAY}	MONTH	DER I YEAR	HOURS	R 24 HRS MIN.
	Female			hite	1701/0	MONTH 11	15	1895	91		YRS.				
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0	David		WIDDIE		thso		15. MOTHER'S A	Mary		MIDDIE		Reed	d LAS	st .	N
	WAS DECEASED EVE		MED FORCES?	16b SOCIAL			17 INFORMANT			ADDRES					
	No			226-3	6-95	553	David E	. Whi	te 123	Will	ow B	end	Dr.		
CERTIFICATION	PART 2. OTHER SIG	SNIFICANT	CONDITIONS C		IG TO D	EATH BUT	NOT RELATED TO		200 AUTOPS		20b. IF YE	ES, WEI	RE FINDING CAUSES	NGS USI	
E E	71a. ACCIDENT WAS U	NOERI VINIC F	7 21b. TIME 0	DE INTUIDY			21, HOW IN III	IBY OCCUPI	YES N	10 🗆		res 🗌	20010131	NO	
	OR CONTRIBUTING	CAUSE OF DE	ATH HOUR A	M. MONT	H DA	Y YEAR	21t. HOW 11430	KI OCCORI	CD (ENTER NATOR	€ OF INJUR	A IN LIEW IR	PARTIC	JK PAKT 2)		
MEDICAL	218 INJURY OCCU	RRED	21e. PLACE	OF INJURY IREET, FACTORY, O	OFFICE, FA	RM, ETC)	211. LOCATION		(CITY OR TOW	γN	C	YINUO		STATE
	22a. I certify that to	sed olive an		11	from_	18	nd that in (my) (o	19 Set opinion	to 8	an the do	te and ho	. 19 d	from the	that (I)	(we) la
	22b. SIGNATURE	B l	ot) view the Body	offer deoff.	K			ENDING YSICIAN	MEDICAL DIRECTOR	STAF		1	22c DATE	SIGNED	5)
	22d. PHYSICIAN'S	+10	200	inice	LCV	n			y Plaza						
	BURIAL, CREMATION	N, REMOVAL		9.7	23c. N	AME OF C	EMETERY OR CR		23d. LOCATI	NC		cou	YIN		STATE
	cremation		8/7	/87	Car	roll	Cremati		Hamps E REC'D. BY REC			Car			d
1	NAME	Funera	1 Home	Reist	ers	town.	Md.	AUG	113,00		white D			noel	L

DHMH - 16 60M 7/84 (VRA 15, 4)

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TO FUNERAL DIRECTOR. After this certificate has been signed by the offending physicion and c should be detached for use as the buriol-transit permit. Then please remove carbon popers. Pages with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

Eline Funeral Home

Reisterstown, Md.

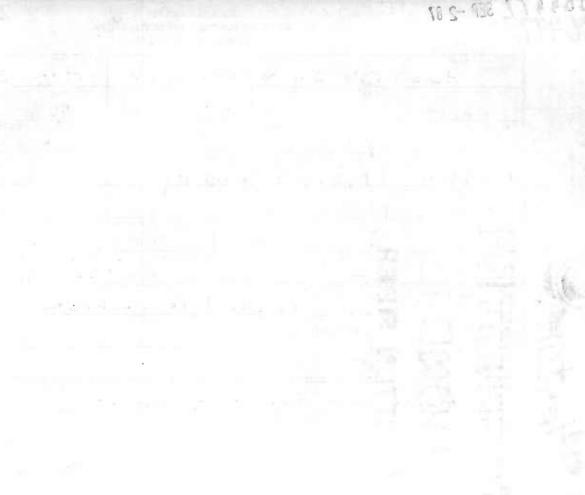
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0644777.	FOR STATE REGISTRAR

STATE OF MARYLAND STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO

		CEASED NAME	FIRST		AST	20 DATE OF DEATH	MONTH DAY YEAR	26 HOUR
noy be poge 3	(IAM)	AU	STIN	J. WIDE	RMAN	Aveg.	30,87	3:45 M
a do	3. SE	X	4 RACE	5. DATE C	OF BIRTH	6 AGE IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR	
4 90		(slam	CAUCAS	MONTH 3	DAY YEAR	76 un	YRS. MONTHS DAYS	HOURS MIN.
direct direct		RTHPLACE STATE OR F		WHAT COUNTRY?	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	
C 22 38		aryland	USI	WIDOWE		Biltim	See Cou	inty MD.
1 11 113 11	10. C	TY OR TOWN OF DEA		HOSPITAL, NURSING HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATI	ON 12b. KIND F WORKING LIFE) INDUSTRY	OF BUSINESS OR
i india	1	andallatown	Brikn	rore to bener	el Hosp	Chauffeur		
P 4 4 m	USU.	AL RESIDENCE (IF NURSI	NG HOME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS		
2 13		aryland	Baltimore	Baltimore	YES NO XX	6522 Dogw		1207
1 数点人	14. FA	THER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN NAM			
1 010		Harry	L.	Widerman	Blanche	W.		Bond
8 7 /		VAS DECEASED EVER	N U.S. ARMED FORCES?	166. SOCIAL SECURITY NO.	17. INFORMANT Mrs.	Martha WPde	18man	
t of the	(no	(IF YES, GIVE WAR OR DATES)	213-07-1816	6522 Dogwood	Rd. Balti	more, MD.	21207
T SHIP		18 CAUSE OF DEATI	f (Enter only one cause per AS CAUSED BY:	r line far (a), (b), and (c)			APPRO	XIMATE INTERVAL
1			AS CAUSED BY: IMMEDIATE CAUSE (a)	Cerelina	I hamon	hoge		
ding orbo		A Y	11.97	OR AS A CONSEQUENCE OF				
dent then ton ton		Conditions, if any,	which (b)	M AS A CONSCOUNTED OF				
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that by all or all or	1.0	underlying cause	last (c)					
and bound		PART 2 OTHER SIGN	IFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART 1	la
The state of the s	CERTIFICATION	chro	are oblash	william lee	ng diseas	_		
low in prior	CA	190 DATE OF OPERAT	ION 19b. COND	ITION FOR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE	INGS USED S OF DEATH?
The clon.	E H					YES NO	YES 🗌	NO 🗆
hysicon front Hysicon		218. ACCIDENT WAS UND			21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	RY IN ITEM TO PART I OF PART 2)	
SICIA ng pl certif riol-t entol	MEDICAL	LIF EITHER NOTIFY MEDIC	ALEXAMINER) P	.M. 19				
this ie bud wid M	VED VED	21d. INJURY OCCURR	(AT HOME ST	OF INJURY REET, FACTORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OF TO	wn County	STATE
or attending the blue of the b	-	AT WORK NOT WH	ILE L					
No e o o o o o o o o o o o o o o o o o o			(this hospital) attended th			10_A-vo	30,19 87	, that (It (we) last
ATTE spite CTO d for d for n 21			d live on A	after death	nd that in (my) (aur) apinian o	death accurred an the do		
OR A DIREC oched Dept.		226. SIGNATURE	· (2)	and the same of th	DEGREE	MEDICAL STAF		ESIGNED
		3600	- C 011	solubre love	PHISICIAN L	DIRECTOR PHYSIC	IAN 8 -	30-87
HOSPITAL FUNERAL Suld be det h the State		22d PHYSICIAN'S NA			220. ADDRESS	. Co. Ger		0
cepined by to TO FUNERAL should be defined the State with the State IMPORTANT:		6'H A 881	-W 1906	MOTABBE			· pospe	
7 2 2 3	23a. l	BURIAL, CREMATION,			EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN	COUNTY	STATE
BP		Burial	9/2/		ew Mem. Park	Sykesvil Sykesvil	le Carrol	1 MD.
DHMH - 16 60M 7/B4	24. FI	UNERAL DIRECTOR L	oring Byers	Funeral Direct	ors, Inc. 25a DAT	E REC'D. BY REGISTRAR	256 REGISTRAR'S SIGNA	TURE
(VRA 15, 4)	187	28 Liberty	Road Randa	llstown, MD.	21133 SEP	1 1987	Julia Devideon 7	andall



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STATE OF MARYLAND

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		FOR STATE REGISTRAR			DEPART		ICATE OF DEATH	B RECT NO	0,	2-2-	
		EASED NAME	FIRST		WIDDLE		AST		MONTH	DAY TAR	N HOU
		3 87	LOUIS		UGLAS		LLIAMS	AUGUS			8:45 ^A
3.	SEX		4	RACE		S. DATE C	H DAY YEAR	6 AGE (IN YEARS LAST BIRT	THDAY	MONTHS DATS	HOURS MI
1	010	MALE		BLAC			7.4, 1936	51	YRS		
/0	CC	THPLACE (STATE OF	R FOREIGN /	-	WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9. BALTIMORE CITY O			
30.		IARYLAND Y OR TOWN OF DE		U.S	HOSPITAL, NURSIE THEACHITY, GIVE STREET	WIDOWE NG HOME (TADDRESS)	DR OTHER INSTITUTION	BALTIMORE 12a USUAL OCCUPATA (TYPE OF WORK FOR MOST O	ON	126 KIND C	OF BUSINESS
L	e	FORT HOW			DICAL CE			CHIEF COOK,	SEAN	MAN	
	e. ST	L RESIDENCE (IF NUI ATE LRYLAND	13b COUNT		TCHASE	VN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / 79 AKIN C			20
7	. FAT	HER'S NAME LOUIS	M	E.	WILL]	IAMS	15. MOTHER'S MAIDEN NA HATTE	ME			COATES
16		AS DECEASED EVE S. NO OR UNKNOWN) YES	(IF YES, GIVE	MED FORCES? WAR OR DATES! KOREAN	213 32 S		DENNIS WILL CLINICAL REC	IAMS 1308 II	DLEWO	l' HOWARI). MD
Г	T	18 CAUSE OF DEA	TH (Enter only	y one cause per	line for (a), (b), or	nd (c).)				BETWEEN	MATE INTERVA
		PARI I. DEATH		CAUSE (o)	MALIG	NANT	CACHEXIA				
			nmediate)							
200		couse (o), stot underlying cous	ing the se lost.	(6)	R AS A CONSEQU		NOT RELATED TO THE TERM	nnal disease or coni	DITION GI	IVEN IN PART 1:	0
MOITACIBIT		underlying cous	ing the se lost.	(c)ONDITIONS <u>C</u>	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM ON WAS PERFORMED	100 AUTOPSY? YES 120 NO	20b. IF YE	IVEN IN PART 1: ES, WERE FIND! IFYING CAUSES	NGS USED
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DHMH - 16 60M 7/84 (VRA 15, 4) 1

TO HOSPITAL OR ATTENDING PHYSICIAN: The retoined by the hospital or attending physician.

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ottending physicion.

AND LANGE TO SEE SEED AND A LOSS & L. SUA

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may retained by the hospital or attending physician.	TO FUNERAL DIRECTOR, After this certificate has been signed by the ottending physician and completely filled in by the funecol director, should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages Lead 2 should be filled within 72 hours often month the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If them 21 is marked or them 18 shaws any injury, or other troumatic event, the medical examiner must be neutrical or other
DIVISION OF VI	TO HOSPITAL OR ATTENDING PHYSICIAN: The retoined by the hospitol or ottending physician.	TO FUNERAL DIRECTOR: After this certifical should be detoched for use os the buriol-trowith the Stote Dept. of Meolth and Mental Hy.	IMPORTANT: If hem 21 is marked or frem 18

1		l it	FOR Attorney	5,165	,-630,	8/28/87, b DEPART	y STAT	OF MARYLAND	ABHYGIENE	2 2	4 0	0
062	982 AUG	8 8	REGISTRAR	, / UI	J		CERTIF	ICATE OF DEATH	H	REG. NO).	-
.4	- M	II. DEG	CEASED NAME	FIRST	,	AIDOLE		AST		ATE OF DEATH	MONTH DAY YE	EAR 26 HOUR
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	He He	3. SE)	(4. RACE		5. DATE C	- In the		GE (IN YEARS LAST BIRT	HOAY] IF UNDER I	YEAR IF UNGER 24 HRS
	oge 4		Female		Whi			tembêr 🛨, I		76	YRS	
0	deoith. P	15	faryland		U.	WHAT COUNTRY	MARRIE	A-0	ED 🗆 Ba	altimore	COUNTY OF DEAT	MD
_	offer of the fr	10 CI	TY OR TOWN OF DEA	TH	(IF NOT IN SUC	H FACILITY, GIVE STREE	T AODRESS)	OF OTHER INSTITUTION	(TXP)	USUAL OCCUPATION OF WORK FOR MOST OF BOOK FOR MOST OF	ON 126 KI FWORKING LIFE) INDUS	to Co., MD
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AND 2	filled filled must			136 CBU	Ttimore	Perry Ha	it1	YES NOVE		015 Pined	la le brive	21236
MARYLAND 2120	d within		THER'S NAME FIRST Walter	Augi	MIDDLE Wi	11 houck		15 MOTHER'S MAID FIRST Emma	DEN NAME	MIDDLE		Whittle
BALTIMORE, N	ond comp		VAS DECEASED EVER I	IN U.S AR		166 SOCIAL SEC 405-22-6		17 INFORMANT		ADDRE	wson, MD	21204
ATT.	البه نبره هـ		No.	1.5	1			LBernard M	ledairy	Esq. 204	Courtlan	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
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PRESTON ST	cert rboot r re-			IMMEDIA		R AS A CONSEQU						
STO	deoth ottend ove con rition, o		Conditions, if ony,	which		Sensis	DEINCE OF					
8.	6 6 F 0 =		gove rise to imm couse (a), stating	rediote	1	R AS A CONSEQU	JENCE OF					
×	that the	-	underlying couse	lost.		Exacerba		f COPD				
5, 201	gned en ple burid	-	PART 2 OTHER SIGN	IFICANT	CONDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATED TO TH	HE TERMINAL	DISEASE OR CONE	DITION GIVEN IN PA	RT 110
ORD	en si The or to y inju	ě			ailure						V	
AL RECORDS,	on. he low in hos beer if permit, lene prior	CERTIFICATION	19a DATE OF OPERAT	ION	19b. COND	TION FOR WHICH	H OPERATIO	N WAS PERFORMED		ES NON	20b. IF YES, WERE F IN CERTIFYING CA YES [INDINGS USED USES OF DEATH? NO [
OF VIT	CIAN: The physicion physic		71a. ACCIDENT WAS UND. OR CONTRIBUTING C	AUSE OF DE	ATH HOUR A.	M. MONTH	DAY YEAR	216 HOW INJURY (OCCURRED (ENTER NATURE OF INJUR	Y IN ITEM TO PART T OR PA	RT 2)
DIVISION OF	G PHYSICIA ottending pl er this certif s the buriol-t ond Mentol	MEDICAL	21d. INJURY OCCURR WHILE NOT WHI AT WORK AT WOR	ED	21e PLACE			211 LOCATION STREET		CITY OR TO	wn COUN	TY STATE
70	DING or off se os t colth o		22a.1 certify that (1)		ital) attended th	e deceased from	July	20. 19.	87	. August	13 19 87	, that (we) lost
	ATTEN Spitol CTOR d for u		sow the decease above, (I) (we) (d	d olive on	August	1319_		nd that in (my) (our) o	opinion death	occurred on the do		
	OR DIRE Coche		276. SIGNATURE		11/	Uline	/	DEGREE	DING _ ME	DICAL STAF	F	DATE SIGNED 8 /3 87
	by the by the seedest Store ANT: H		224 PHYSICIAN'S NA	ME (TYPE C	OR PRINT)	num d	1	PHYSIC 22e ADDRESS	CIAN DIR	ECTOR PHYSIC	IAN DC.	1201
	TO HOSPITA TO FUNERA should be de with the Stoti		Thomas R					G.B.I	M.C.	Towson.	Maryland	
	5 5 - 2 3 7	23a. E	BURIAL, CREMATION, I					EMETERY OR CREMA		ELOCATION CITY OR TOWN	COUNTY	STATE
	BP		Crema		08/14/		ecurit	y Process	Inc	Baltimo	re Co., MI	
	DHMH - 16 60M 7/B4					al Home.			2)4 DATE REC	U. BY REGISTRAR	256 REGISTRAR'S SIG	SNATURE
	(VRA 15, 4)	/1	10 Belair	Koad	Baltim	ore, Mar	yland	21206	0.8		Site Bho	desti

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL YGIENE

5069 SE	P-98	1 -	FOR STATE REGISTRAR		DEPART	CERTIF	EALTH AND MENTAL YOU ICATE OF DEATH	GIENE REG. N	10.		
			CEASED NAME FIRST	-	MIDDLE		AS1	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
noy be		(ITP)	Joseph	L.	A.	Willin	ghan		8	27 87	M
wow od		3 SE	X	4. RACE		5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST B	RTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
		Ma	ale	White		MONTH	12 1895	92	YRS	MONTHS DATS	HOURS MIN
	135	(RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF	WHAT COUNTRY	? & MARRIE	NEVER MARRIED	9 BALTIMORE CITY Baltin	OR COUNT	Y OF DEATH ounty	MD.
0	-8	Te	TY OR TOWN OF DEATH	St. Jos	HEACILITY, GIVE STREET	ING HOME (DR OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST Ret.—Cont	OF WORKING L	#E) INDUSTRY	F BUSINESS OR -Employee
APYLAND 2120	N		AL RESIDENCE (IF NURS 10 - 111) OF STATE Aryland		GIVE RESIDENCE BEFO	RE ADMISSION)	13d. INSIDE CITY LIMITS? YES NOX	13e.STREET ADDRESS 20101 Gunp	/ ZIP COD	€ 2:	1107
MARYLA MARYLA	16	7	William	MIDDLE G.	Willing	ghan	15 MOTHER'S MAIDENNA FIRST Sarah			Fowle	t
IMORE.	rificate by executer physical and can no appear; floger 1 a month over the medicial at		VAS DECEASED EVER IN U.S. AR VES. NO OR UNKNOWN) (IF YES GIV	MED FORCES? (E WAR OR DATES)	219-01-	URITY NO.	Alice K. Jos	nes 2702 Sa			21234
T., BALT			18 CAUSE OF DEATH Enter or PART I. DEATH WAS CAUSE IMMEDIA	nly one cause per D BY TE CAUSE (a)	line far (a), (b), a	ndical	ice AR	RES+		BETWEEN	MATE INTERVAL ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST NG PHYSICIAN: The low requires that the death cert attending physician. The servician has been signed by the offending print this certificate has been signed by the offending prints.	of, cremotion, or rather troumotic		Conditions, if any, which gave rise to immediate cause (o), stoting the underlying couse last.	(b)	R AS A CONSEQUE	2 Ron	may Ari	tery DI:	Šeav	e	
ECORDS, 20 ow requires been signed	ony injury, a	CERTIFICATION	PART 2 OTHER SIGNIFICANT OF MULTIPE 190 DATE OF OPERATION	le m	yo can	rdia		ainal disease or con tions (20b. IF YE	S, WERE FINDIN	GS USED
AL RI	lene nows	TIF		11/6				YES NO		ES [NO [
JOF VIT.	Item 18 st		210 ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEA	HOUR A.	M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	IRY IN ITEM 18	PART I OR PART 2}	
OIVISION OFFER OFFER OFFE OFFE OFFE OFFE OFFE OF	h ond Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE ((AT HOME STR	OF INJURY EET, FACTORY, OFFICE	FARM, ETC 1	211 LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
Spitol or	of Healt		22a.1 certify that (I) (this haspi saw the deceased alive on abave, (I) we) (did) (did no	8.2	G 19	90	d that in (my) (aur) apinion	death accurred an the c	ote and how		that (I) (we) last causes stated
AL OR A	ate Dept		12h SIGNATURE	200	Le	n	ATTENDING PHYSICIAN	MEDICAL STA		Q1.	SIGNED,
TO HOSPITA retoined by TO FUNERA	with the State		Natvarlal Rag		(1-848-	-3858)	Carrol Count				
BP	3 3	23a. E	URIAL, CREMATION, REMOVAL SPECIF Burial	236. DATE 8-31.			emetery or crematory od Cemetery	23d LOCATION CITY OR TOWN	Baltin	nore, Co	STATE
DHMH - 16 (VRA 1			SEAPH FUNCEN	Home	ADDRESS	SelAIR MD.	Rd. 250 DAT SE	TE REC'D. BY REGISTRAF	256 REGIS		URE

grothed part in the style sames as dealer to be selected.

DHMH - 16 60M 7/8 (VRA 15, 4)

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0 6 AUG 10	BTRATE			HEALTH AND MENTAL HYG	INE / 2 2	4 0 9
10%	REGISTRAR RICH	ARD M. WII	LSON	FICATE OF DEATH	REG. NO.	
	ECEASED NAME FIRST		AIDDLE	LAST	14 DATE OF BEATT	DAY YEAR 26 HOUR 8:06
ge 3	R, Cho	led	$m \omega$	11501	8/6/87	6 87 8:06 AM
3. SI	X MALE	4. RACE	5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
softe	Male	WHITE			61 YRS	
10 P 70 1	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY? 8	ED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	OF DEATH
2	MARYLAND	U.S.A.			BALTI	MORE COUNTY MD.
70 170 (ITY OR TOWN OF DEATH		HOSPITAL, NURSING HOME	OR OTHER INSTITUTION	128 USUAL OCCUPATION	126 KIND OF BUSINESS OR
2 25	RANDALLSTOWN		MORE COUNTY G	ENERAL	C.P.A.	ACCOUNTANT
Ust Ost	AL RESIDENCE (# NURSING HON	E OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE ADMISSION			
2 5	STATE 13b CO	ARROLL	13c. CITY OR TOWN	YES NO XX	13e STREET ADDRESS / ZIP CODE 7280 POMMEL DR	
	IARYLAND C.	ARRULL	ELDERSBURG	15. MOTHER'S MAIDEN NA		. 21704
18/01/	FIRST	WIDDLE	IASI	FIRST RUTH	WIDDLE	MANSFIELD
0 140	HARVEY WAS DECEASED EVER IN U.S	APMED FORCES?	WILSON 166 SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS MAR	
b	(YES, NO OR UNKNOWN) (IF YES	GIVE WAR OR DATES)	Service Committee of the Committee of th			
É		WWII	220-14-4641	1 CATHERINE W	ILSON 7280 POMME	
nt, th	18 CAUSE OF DEATH (Enter PART I, DEATH WAS CA	r only one couse per USED 8Y:	line for (o), (b), and (c)	0 1		APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH
eve		DIATE CAUSE (0)	Myocardi	al Infarct	ion	
or		DUE TO, OI	R AS A CONSEQUENCE OF	A	<u> </u>	
non-	Conditions, if any, which		Coronar	y Artery 1	lisease	
1 2	gove rise to immediate couse (a), stating the		R AS A CONSEQUENCE OF	'		
1	underlying couse lost	(tc)				
3	PART 2 OTHER SIGNIFICA	NT CONDITIONS CO	ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERA	AINAL DISEASE OR CONDITION GIV	EN IN PART TIO
2 2 2	Hyper	tension	Diabetes	mellitus		
8 (flows ony injur	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH OPERATE	ON WAS PERFORMED	200 AUTOPSY? / 206 IF YE	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
CERTIF		1000				S NO
8 3	210. ACCIDENT WAS UNDERLYING		FINJURY M. MONTH DAY YEAR		RED (ENTER NATURE OF INJURY IN ITEM 18	PART (OR PART 2)
or freeze	OR CONTRIBUTING CAUSE O	DEATH				
dor head	214 INJURY OCCURRED	21e PLACE	OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
	MHILE NOT WHILE AT WORK	TAI HOME SIN	REEL PACTORY, OFFICE, PARM ETC.)			
	AT WORK - AT WORK -					
	220 I certify that (I) (this h	ospital) attended th	e deceased from	, 19	, to,	19, that (It (we) lost
23 is morked	220 I certify that (I) (this h	on8/	6 19 87		death accurred on the date and had	
	220 L certify that (I) (this h	on8/	6 19 87			
	220 I certify that (I) (this h sow the deceased alive above, (I) (we) (did) (di	on8/	6 19 87	DEGREE ALL ATTENDING	death occurred on the date and had	or and from the couses stated
ANT: If frem 21 is morke	220 I certify that (I) (this h sow the deceased alive above, (I) (we) (did) (di	on 8 d not) view the body	6 19 87	DEGREE ATTENDING PHYSICIAN [122e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED 8/6/87
ANT: If Item 21 is morke	220 L certify that (I) (this h sow the deceased alive obove, (I) (we) (did) (die 22b. SIGNATURE 22d PHYSICIAN'S NAME (T	e on Red on the body ston	6 19 87	DEGREE ATTENDING PHYSICIAN [22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN DRAW RANDALLSTOWN MARY	221. DAJE SIGNED 8/6/87
MPORTANT: If them 21 is morked	220 I certify that (I) (this h sow the deceased alive above, (I) (we) (did) (di 22h SIGNATURE 22d PHYSICIAN'S NAME (T	e on Red on the body extensions to on the body extensions to one of the body extensions to one o	6 ofter death, 19 82.	DEGREE MD ATTENDING PHYSICIAN [22e ADDRESS BALTIMORE	MEDICAL STAFF DIRECTOR PHYSICIAN TO RANDALLSTOWN MARY COUNTY GENERAL H	221. DAJE SIGNED 8/6/87
with the State Dept. of Health o	220 L certify that (I) (this h sow the deceased alive obove, (I) (we) (did) (die 22b. SIGNATURE 22d PHYSICIAN'S NAME (T	extensions to body extensions recorprise oston val 23b. Date	ofter death, 19 87	DEGREE ATTENDING PHYSICIAN [22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN DRAW RANDALLSTOWN MARY	221. DAJE SIGNED 8/6/87

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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60	6	- 4	

			CEKIII	ICATE OF DEATH	REG. NO	O .	1 15	
FIRS1	-	AIDDLE	ı	AST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
Rich	ard F	I. Wimb:	rough	Sr.	August 9,19	987		0:15 PM
4.	RACE		5. DATE C	OF BIRTH			IF UNDER 1 YEAR	IF UNDER 24 HRS
	White				72	YRS	MONIHS DATS	HOURS MIN.
FOREIGN 71	CITIZEN OF	WHAT COUNTRY?	8	NEVED MADDIED	9 BALTIMORE CITY O	R COUNTY	OF DEATH	
	U.S.	Α.		- 21.	Ba1:	timore	County	V MD
ATH 1				OR OTHER INSTITUTION	120 USUAL OCCUPATE	ON	12h KIND C	F BUSINESS OR
				ue-21206	1			ired
				de 21200	ATMCO BEEN	-1	INDC.	rred
				13d. INSIDE CITY LIMITS?				1006
Balti	more	Baltimo	re			ood Av	venue-2	1206
MI	IDDLE	LAST		13 MOTHER'S MAIDEN NA	WE		LAS	st
Wimbro	ugh			Emma				Hargis
		166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS		2120
(IF TES, GIVE	WARORDATES	216-05-3	614	Beatrice A. V	Wimbrough -	5331	Kenwood	d Ave
ie lost	(Ic)			NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIV	EN IN PART 10	0
ATION	19b. COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?			
					YES NO			№ □
	110110 4		AY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 I	PART I OR PART 2)	
		M.	19				10.00	
RRED			- Bar 516)	211 LOCATION	CITY OR TO	wN	COUNTY	STATE
ORK	(AT HOME, SI	EET PACIONT OFFICE, F	ARM CIC)					
l) (this hospito) ottended th	e deceased from_		, 19	, to		19	that (I) (we) lost
sed olive on_		the death of	01	nd that in (my) (our) apinion	death occurred on the de	ote and hou	or and from the	causes stated
A	2 P	1 1/2		DEGREE			7h, DATE	SIGNED
-X()	XIII	ATIKE	12	ATTENDING PHYSICIAN II	EDICAL STA	IANCI	8-	11-87
NAME (TYPE OR	PRINT)	VV	1	Tag. ADDRESS		-	0.47	
LI. S	TUART	JR		404 EAS	TERN BLU	DB	BALTO	21221
		122. 1		EMETERY OR CREMATORY				
	RICH REPORTION ATH BRING HOME OR	Richard H A RACE White REPORTION 7b. CITIZEN OF V U.S. ATH 11. NAME OF I (IF NOT IN SUC 5331 RISING HOME OR OTHER INSTITUTION 113b COUNTY Baltimore Wimbrough RIN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) TH (Enter only one couse per WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO, OI Y, which neediote ing the lost of the lost	RICHARD H. Wimb A RACE White REPORTEGN Th. CITIZEN OF WHAT COUNTRY? U.S.A. ATH 11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET 5331 Kenwood RING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE 113b COUNTY Baltimore MIDDLE Wimbrough RIN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUE Y, which numediate ring the see lost DUE TO, OR AS A CONSEQUE Y, which numediate ring the see lost 10) DUE TO, OR AS A CONSEQUE Y, which numediate ring the see lost 10) ATION 19b. CONDITION FOR WHICH NOBERLYING 1 CAUSE OF DEATH DICALEXAMINER) RRED 21b. TIME OF INJURY HOUR A.M. MONTH D. P.M. RRED 10 PLACE OF INJURY HOUR A.M. MONTH D. P.M. 11 (this hospital) oftended the deceosed from sized alive on (did I did St. 1998 WHE BODY OFFICE FOR STUART) LI STUART VR	RICHARD H. Wimbrough 4 RACE White 11. 8 FOREIGN 16 CITIZEN OF WHAT COUNTRY? 8 MARRIE U.S.A. EATH 11. NAME OF HOSPITAL, NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 113b COUNTY 113b COUNTY 113b COUNTY 113b COUNTY 113b COUNTY 113c CITY OR TOWN 113c CITY OR TO	RICHARD H. Wimbrough Sr. 4 RACE White SPOREON WHITE SPORE	REC. NAME OF DEATH RICHARD H. Wimbrough Sr. August 9, 19 4 RACE White 11-1-1914 12-1-1914 72 8 BALTIMORE CITY OF WHAT COUNTRY? U.S.A. 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (# MOTHER SIGHT ACRIST), ONE SIGHT ACRIST), ONE SIGHT ACRISTORY BESING HOME OF OTHER INSTITUTION OF SIGHT ADDRESS). BESING HOME OF OTHER INSTITUTION OF SIGHT ADDRESSON ITS COUNTY Baltimore Baltimore 12-1-1914 72 9 BALTIMORE CITY OF TOWN BALTIMORE CITY OF TOWN Armico Steel BALTIMORE CITY OF TOWN BALTIMORE CITY OF TOWN BALTIMORE Wimbrough RINU.S. ARMED FORCES? (# YES, GIVE WAR OF DATES) IS MOTHER'S MAIDEN NAME FIRST MIDDLE Wimbrough RINU.S. ARMED FORCES? (# YES, GIVE WAR OF DATES) DUE TO, OR AS A CONSEQUENCE OF ICAL INSTITUTION OF A SINGLE OF SINGLE ADDRESSON IDDE TO, OR AS A CONSEQUENCE OF ICAL INSTITUTION OF A SINGLE ADDRESSON DUE TO, OR AS A CONSEQUENCE OF ICAL INSTITUTION OF A SINGLE ADDRESSON DUE TO, OR AS A CONSEQUENCE OF ICAL INSTITUTION OF A SINGLE ADDRESSON DUE TO, OR AS A CONSEQUENCE OF ICAL INSTITUTION OF A SINGLE ADDRESSON ATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? YES \ NO \ DUE TO, OR AS A CONSEQUENCE OF ICAL INSTITUTE OF INJURY ADDRESSON ATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 207. AUTOPSY? YES \ NO \ DUE TO, OR AS A CONSEQUENCE OF ICAL INSTITUTE OF INJURY ADDRESSON ATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 208. AUTOPSY? YES \ NO \ SMIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED 210. HOW INJURY OCCURRED (ENTERNATURE OF INJURY OR IN INJURY OCCURRED (ENTERNATURE OF INJURY OR IN INJURY OCCURRED (ENTERNATURE OF INJURY OR INJURY	REC. NO. RICHARD RI	RICHARD H. Wimbrough Sr. August 9,1987

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely should be detached for use as the busial-transit permit. Then places remove corbanpapers. Pages (Dad 2 should the State Dept. of Health and Mental Hygiene prior to busid, eremotion, ar removal.

offending physicion

retained by the haspital or

BP.

injury, or other troumotic event, the

MPORTANT: If them 21 is marked or them 18 shows any

(VRA 15, 4)

Burial

FOR STATE

AUG

in by the funeral director page 3

Gardens of Faith Cem.

Baltimore, Maryland

John C. Miller, Inc.-6415 Belair Road-21206

8-12-87

250 DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

6-	6	-
REG. N	10. ¥	

1. DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MOT (TYPE OR PRINT) Catherine Marst WINERDENED			MONTH DAY YEAR	2b. HOUR			
	Catherin	ne Mary	WINEBRE	ENER	August 4,	1987	2:06P M
3. SEX	4.3	RACE	5. DATE C		6 AGE (IN YEARS LAST BIR	THOAY) IF UNDER I YEA	R IF UNDER 24 HRS
Female		White	Feb.		80	YRS.	HOURS MIN.
To BIRTHPLACE (STATE	OR FOREIGN 76	CITIZEN OF WHAT CO	UNTRY? &			OR COUNTY OF DEATH	
COUNTRY) Md		U.S.A.	MARRIE	D X NEVER MARRIED DIVORCED D	Baltimore		MC
10 CITY OR TOWN OF	DEATH 11.	NAME OF HOSPITAL	, NURSING HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATI	ION 126 KIND	OF BUSINESS OF
Baltimore		Franklin So	quare Hosp	oital	Homemake		-
USUAL RESIDENCE (IF N 130 STATE Md.	136 COUNTY Baltim	13c. CITY	OR TOWN Y Hall	13d. INSIDE CITY LIMITS? YES NO X	13e STREET ADDRESS A	zip code er Spring Ro	. 2112
14 FATHER'S NAME	MIDI	DIE	LAST	15. MOTHER'S MAIDEN NAM	AE MIDDLE		
Joseph	Milot	Engelm		Mary	MIDDLE	Wernic	1
HE WAS DECEASED EV		D FORCES? 166 SOC	IAL SECURITY NO.	17. INFORMANT	ADDRE		
NO OR UNKNOWN)	(IF YES, GIVE W)	214	-74-5856	Wm. Winebrene	er, Jr. (son	n) same addr	ess
18 CAUSE OF DE	ATH (Enter only o	one couse per line for to	a), (b), and (c)			APPRO	XIMATE INTERVAL
PART I. DEATH	WAS CAUSED B	Υ		tory failure			
	IGNIFICANT CON	IDITIONS CONTRIBUT	ING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART	(0 '
190 DATE OF OPE	RATION	196 CONDITION FOI	R WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FIND IN CERTIFYING CAUSE YES	INGS USED
<u> </u>							NO [
00.000.000.000.000	CAUSE OF DEATH		NTH DAY YEAR	21c HOW INJURY OCCURR			
00.000.000.000.000	CAUSE OF DEATH	HOUR A.M. MOI P.M.	19				
OR CONTRIBUTING [IF EITHER NOTIFY M 21d INJURY OCC	CAUSE OF DEATH	HOUR A.M. MOI	19 Y	216 HOW INJURY OCCURR 211 LOCATION 51REET		RY IN ITEM 18 PART I OR PART 2)	
OR CONTRIBUTING [OR CONTRIBUTI	CAUSE OF DEATH	P.M. 21e PLACE OF INJUR (AT HOME, STREET, FACTOR	Y Y. OFFICE, FARM, ETC.)	211 LOCATION STREET	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PART 2)	NO _
OR CONTRIBUTING (IF EITHER NOTIFY M 21d INJURY OCC WHILE NOTIFY NOTIFY M 22a.I certify that sow the deceabove, (I) (we above, (I) (we	CAUSE OF DEATH ASECICAL EXAMINER) URRED T WHILE WORK (1) (this hospital)	HOUR A.M. MOI P.M. 21e PLACE OF INJUR	Y Y OFFICE, FARM, ETC.) ed from AUGUS th. 19 87, or	211 LOCATION STREET 1 19 87 and that in (my) (our) opinion of	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PART 2) WN COUNTY 4 19 87	NO STATE
OR CONTRIBUTING [(IF EITHER NOTIFY M 21d INJURY OCC WHILE NOTIFY M AT WORK AT 22a.1 certify that	CAUSE OF DEATH ASECICAL EXAMINER) URRED T WHILE WORK (1) (this hospital)	HOUR A.M. MOI P.M. 21e PLACE OF INJUR (AT HOME, STREET, FACTOR offended the decease	Y Y OFFICE, FARM, ETC.) ed from AUGUS th. 19 87, or	211 LOCATION STREET	ED (ENTER NATURE OF INJU	COUNTY 19 87 Ote and hour and from the	NO STATE
OR CONTRIBUTING [If EITHER NOTEY M 21d INJURY OCC WHILE NOTE AT WORK AT 22a certify that saw the dece above, (1) (we 22b SIGNATURE 22d PHYSICIAN'S	CAUSE OF DEATH NEDICAL EXAMINER) URRED I WHILE (I) (this hospitol) cosed alive on c) (did) (did not) vi	HOUR A.M. MOI P.M. 21e PLACE OF INJUR (AT HOME, STREET, FACTOR ottended the deceose August 4 ew the body offer dea	Y YY OFFICE, FARM, ETC.) ed from AUGUS th. 19 87 , or	211 LOCATION STREET 19 87 nd that in (my) (our) opinion of DEGREE ATTENDING	CITY OR TO . To August death accurred on the death	COUNTY 19 87 Ote and hour and from the	STATE , that (I) (we) los e couses stated
OR CONTRIBUTING [(If ETHER NOTIFY M 21d INJURY OCC WHILE NOTIFY M 22a. I certify that saw the dec above, (I) (we 22b. SIGNATURE 22d. PHYSICIAN'S Robe	CAUSE OF DEATH REDICAL EXAMINER) URRED I WHILE (I) (this hospital) Periodid (did not) vi NAME (TYPE OF PER TTA Schl	HOUR A.M. MOI P.M. P.M. PLACE OF INJUR (AT HOME, STREET, FACTOR ottended the deceose August 4 ew the body after dea	Y Y OFFICE, FARM, ETC.) ed from August th. 19 87 , or	211 LOCATION STREET 219 87 and that in (my) (our) opinion of DEGREE ATTENDING PHYSICIAN [22e ADDRESS 9000 Frankli	city OR 10 . 10 August depth occurred on the di MEDICAL STAI DIRECTOR PHYSIC	COUNTY 19 87 ote and hour and from the	STATE , that (I) (we) loss e couses stated
OR CONTRIBUTING (IF EITHER NOTHER WATER NOTHER NOTH	CAUSE OF DEATH NEDICAL EXAMINER) URRED WANTE (I) (this hospital) Cased alive an (c) (did) (did not) vi NAME (TYPE OR PRI TTA Schl N, REMOVAL 1	HOUR A.M. MOI P.M. P.M. PLACE OF INJUR (AT HOME, STREET, FACTOR ottended the deceose August A. ew the body offer dea es inger, (3b. DATE 8/7/87	Y YY OFFICE, FARM, ETC) Red from AUGUST 19 87 , or Th. MD 23C. NAME OF C Parkw	211 LOCATION STREET 219 87 nd that in (my) (our) opinion of DEGREE ATTENDING PHYSICIAN 220 ADDRESS 9000 Frankli EMETERY OR CREMATORY	CITY OR TO THE AUGUST THE AU	COUNTY 19 87 ote and hour and from the prive 21237	STATE . that (I) (we) lie e couses stated

Annual Contract Contract

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG.	200.	2	الم	-	2
ΔTH	MONTH		DAY	YEAR	26 340

064396 SE	P	FOR TATE EGISTRAR			DEPAR		CATE OF DEATH	9 /	2 2	4 1	2
		DECEASED NAME	FIRST		MIDDLE	L/	ST	20 DATE OF DEAT		DAY YEAR	25 HOUR
2 2 2		THE OR PRINT!	JOHN		В.		WINTERS	AUGUST	28, 1987	7	3:00am
1 24	1	SEX		4. RACE		5. DATE O		6 AGE (IN YEARS LA		IF UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN,
1		MALE		WHIT	E	NONTH 8	18 25	6	2 YRS		
A 10 2	7	BIRTHPLACE (STATE OR	FOREIGN		WHAT COUNTR	MARRIED	NEVER MARRIED	9 BALTIMORE CI	Y OR COUNTY	OF DEATH	
1 1 1	2	MARYLAND		U.S.A		WIDOWE		* 11011111111	RE COUNT		MD.
1000	2	BALTIMORE	ATH	(IF NOT IN SUC	HOSPITAL, NUR CHEACILITY, GIVE STR LAIRIDGE	MEET ADDRESS)	R OTHER INSTITUTION	"SUPERVI	SOR WORKING LIF	E) INDUSTRY	RANCE CO.
AND 212	1	SUAL RESIDENCE (IF NUR BO STATE IARYLAND	113b COUN	OTHER INSTITUTION ITY IMORE	CATONS	OWN 1	134 INSIDE CITY LIMITS?	130 STREET ADDRE			1227
MARTIN MARTIN	3	JOHN FIRST		WIDDLE	WINTE	RS	MILDRED	AME	t€	GLENN	
MORE,	/	WAS DECEASED EVER	WW I	MED FORCES? E WAR OR DATES)	219-10-		JAMES WINTER	RS 1419 CL	AIRIDGE	RYLANDB	21227 ALTIMORE
ST., BALT entitions to pon poperition removal encoval	C event, the	18 CAUSE OF DEAT PART I. DEATH V		ly ane cause per D BY: E CAUSE (0)	line for 10), (b),	and ic.	adeen				MATE INTERVAL ONSEVAND DEATH
death of death of death of death of death of death of the		Conditions, if any		DUE TO, O	RAS A CONSEC	DUENCE OF	milataris			3 -	mo
by the by the common other to		gove rise to im cause (a), stati underlying coust	ng the	DUE TO, O	R AS A CONSEC		unom			ef.	no
805, 20 quires i quires to Then ple to Surre niury, o	No. ideal		NIFICANT	ONDITIONS C	ONTRIBUTING T	O DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR C	CONDITION GIV	EN IN PART 110	2
IL RECORDS The law requirements has been so permit. The company injury owners you was a second to the company injury on the company injury of the company injury of the company injury on the company injury of the company	7	9a DATE OF OPERA	TION	196 COND	ITION FOR WHI	CH OPERATIO	WAS PERFORMED	20a AUTOPSY?	IN CERTIF	, WERE FINDIN YING CAUSES S	OF DEATH?
OFVITA ELIAN. T B physics enthcote coloromi mal thys	-9.7	OR CONTRIBUTING [CAUSE OF DEA	III	OF INJURY .M. MONTH .M.	DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF	INJURY IN ITEM 18 P	ART 1 OR PART 2)	
INISION offered offered the bur		(IF EITHER NOTIFY MED 21d INJURY OCCUR WHILE NOT W AT WORK AT W	RED		OF INJURY REET FACTORY, OFFIC	CE, FARM, ETC.)	211 LOCATION STREET	CITY	OR TOWN	COUNTY	STATE
TENDS petal or TOR At for vier o of Health		220.1 certify that (I sow the decear above ((1)(we)		- 57/1	7	0-5	d that in (my) (our) opinion) to 8/	he dote and hou		that (we) last couses stated
At OR A the bard of the Dept.		226. SIGNATURE	Im (2 ales	Lut ?	27	DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR PH	STAFF	221 DATE	SIGNED Lg/87
F 4 8 5 4	7	22d. PHYSICIAN'S N	AME (TYPE O	R PRINT)	11		22e ADDRESS				1
D HOSS harred O FUN hould b	/	WILI	LIAM W	ATERFIE	LD M.D.		900 CATON AN	VENUE, BAL	TIMORE.	MD. 21	220
26 2213	2	BURIAL, CREMATION					EMETERY OR CREMATORY	CITY OR TOY	/N	COUNTY	STATE
BP		BUKT.		8/31/			DGE CEMETERY	BALTIMO			YLAND
DHMH - 16 60M 7/B (VRA 15, 4)	4			RUSSELL OSON AVE			AL HOMES 25a DA MD 21228	UG 3 1 198	7 Julia	RAR'S SIGNAT	Rudale

injury, ar other traumatic event, the medica

IMPORTANT: If Item 21 is marked or Item 18 shows any

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ector, page 3

FOR

- STATE

ST	ATE	OF	MA	RYL	AND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

O TEGISTRAR						REG.	NO		- 12
DECEASED NAME	FIRST	MI	DDIE	Ł A	51	20 DATE OF DEATH	HINOM	DAY YEAR	2b HOUR
or Contract,	Georg	e He	erbert	W	irtz Sr.		08	17 87	11:00 a
SEX		4 RACE		5. DATE OF	BIRTH	6 AGE (IN YEARS LAST	BIRTHDAY	MONTHS DATE	IF UNDER 24 HRS
Male		White		Dec	. 3, 1902 AR	84	YRS	SIONING DATS	HOURS MIN.
BIRTHPLACE (STATE	OR FOREIGN	76 CITIZEN OF W	HAT COUNTRY?	8	X NEVER MARRIED	9 BALTIMORE CITY	OR COUN	TY OF DEATH	
Maryland		USA		WIDOWED		Baltimore	Coun	tv	M
CITY OR TOWN OF	DEATH		DSPITAL, NURSIN		OTHER INSTITUTION	120 USUAL OCCUPA	TION	12b KIND C	OF BUSINESS OR
Towso	n		Baltimo		dical Center	Highway	Dept	Ball	to. Cou
UAL RESIDENCE	NURSING HOME OF	OTHER INSTITUTION C	IVE RESIDENCE BEFORE	ADMISSION)	13d INSIDE CITY LIMITS?	113e STREET ADDRESS	S / 71P COI	DE .	21030
Md.	Balt	to.	Cockeys	ville	YES NO NO	10519 Wil	mar P	lace, C	ockeysv
FATHER'S NAME		MIDDLE	1 AST		15. MOTHER'S MAIDEN NA				
Harvey	Spe	ncer	Wirtz		Susan	MODIE		neroit	
WAS DECEASED E	VER IN U.S. AR	MED FORCES?	66 SOCIAL SECU		17 INFORMANT			ockeys	
NO OR UNKNOWN	(ir res. on	TE WAR OR DATES	216-24-0	0177A	Mrs. Mabel	M. Wirtz,	10519	Wilmar	Pl.2103
18 CAUSE OF DE	EATH (Enter or	ily one couse per l	ne for (o), (b), on	dicit				APPROX BETWEEN	ONSET AND DEATH
PART I. DE AT	H WAS CAUSE	D BY TE CAUSE (6)F	espirato	rv Fa	ilure				
	W.W.ED.W.								
2020			AS A CONSEQUE		. Assident				
Conditions, if a		(b)	ereprova	ISCULA	r Accident			4	weeks
couse (o), si		DUE TO OR	AS A CONSEQUE	NCE OF					
underlying co	ouse last.	100210,011	A0 A CO 1102 GO						
DART 2 OTHERS	SIGNIES ANT	CONDITIONS CO	NITRIBUTING TO I	DE ATH BUT N	NOT RELATED TO THE TERM	ANAL DISEASE OR CO	NIDITION C	INCAL IN DART 1.	
AKI 2 OTTEK	NOTHI ICAINT	2014D1110143 <u>20</u>	THE PROPERTY OF THE PROPERTY O	<u>DEAIII</u> BOTT	TOT RECAILED TO THE TERM	INVAL DISEASE ON CC	740111014	NATIO HALVELLI	0
19a DATE OF OPE	RATION	196 CONDIT	ION FOR WHICH	OPERATION	I WAS PERFORMED	20a AUTOPSY?		ES, WERE FINDI	
						YES NO	4	TIFYING CAUSES	OF DEATH?
21a, ACCIDENT WAS	UNDERLYING T	7 21b. TIME OF	INJURY		21c. HOW INJURY OCCUR				NO []
OR CONTRIBUTING	CAUSE OF DE	HOUR A.M		AY YEAR		A STATE WATER OF THE	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , , , , , , , , , , , , , , , , ,	
21d. INJURY OCC		21e PLACE O		19	21f LOCATION				
	OT WHILE		ET FACTORY OFFICE, F	ARM, ETC }	STREET	CITY OR	TOWN	COUNTY	STATE
AT WORK	WORK	-	7-9-	71	10	0	8.7	0.7	
22a.1 certify tho	t (1) (this hospi	ntol) ottended the	deceased from_	July	20. 198/	to_August		. 19_8/	that (It (we) los
sow the dec obove, (I) (w	eosed olive on e) (did) (did no	August		87on	d that in (my) (our) opinion	death occurred an the	date and h	our and from the	couses stated
226. SIGNATURE		01	01	D	EGREE			221 DAVE	SIGNED
Var	ohe	m di L	like	/	70 ATTENDING PHYSICIAN	MEDICAL ST	AFF	18/1	7/87
22d PHYSICIAN	S NAME (TYPE	OR PRINT)			22e ADDRESS		-		lat
Lawre	nce Whi	te,M.D.			G.B.M.C.				
BURIAL, CREMATIC			23c 1	NAME OF CE	METERY OR CREMATORY	23d. LOCATION			
Buriat /	// 11	8/20/8	7 Po	plar (Grove Cem.	Phoenix	Bal	to. N	laryland
FUNERAL PIRECTO	20119	Daniel .				E REC'D. BY REGISTRA			,
Lemmon-	0407//	Windows	ADDRESS VA	V Dada	nia RD. AUG			widow 10	
Lemmon-	viitchei	i-wiedere	iu, iu v	v.rauc	חוום ועט.	/ KINI U P	1	- Lather - A.	

DHMH - 16 60M 7/84

(VRA 15, 4)

BP.

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STATE OF MARYLAND

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66 AUG	10000	FOR STATE STRAR		T OF HEALTH AND MENT HYGE ERTIFICATE OF DEATH	REG. NO.	414
14	Debas	ED NAME FIRST	E, WISH	VIEWSKI	20 DATE OF DEATH MON	14-1987 6 - P.M.
1	1.5E			DATE OF BIRTH MONTH DAY 1897	6. AGE (IN YEARS LAST BIRTHDAY	IF UNDER 1 YEAR IF UNDER 74 HRS MONTHS DAYS HOURS MIN.
BA		RTHPLACE (STATE OR FOREIGN 71 OUDJEY)	11 < 11	MARRIED NEVER MARRIED DIVORCED	BALTIMORE CITY OR CO	
00	III. CI	BALTO	1. NAME OF HOSPITAL, NURSING H	HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK SEAMSTRES	126. KIND OF BUSINESS OR INDUSTRY
Albert on the state of the stat	DSU.	THE SIDENCE IN MISSING HOME OR O TATE 136 COUNT	THER INSTITUTION GIVE RESIDENCE BEFORE ADAY 131. OTY OR TOWN		13e STREET ADDRESS / ZIP	
nRo	1 = 1	TACOB	CYDYLO	15 MOTHER'S MAIDEN NA LOUISE	ME MIDDLE	BIGDA
Paget		VAS DECEASED EVER IN U.S. ARM (ES. NO OR UNKNOWN) (IF YES GIVE	ED FORCES? 166 SOCIAL SECURIT WAR OR DATES) 217-09-8	YNO. 17 INFORMANT 10.	III BIRD ADDRESS SNIEWSKI	R RD. 21220
mosol.	3	18 CAUSE OF DEATH Enter only PART I. DEATH WAS CAUSED IMMEDIATE	ane cause per line far (a), (b), and (c) BY: CAUSE (a) Cardeb (rest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ask remove circle remation, or n other troumatic	- Venu	Conditions, if ony, which gave rise to immediate cause (o), stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE DUE TO, OR AS A CONSEQUENCE (c)	Shock		
o burn	NO	PART 2. OTHER SIGNIFICANT CO	onditions contributing to dea		NINAL DISEASE OR CONDITIO	ON GIVEN IN PART 110
out out	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH OP	ERATION WAS PERFORMED	200 AUTOPSY? 200	LIFYES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO
de la	772	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH DAY P.M.	YEAR 19 21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN I	TEM IB PART) OR PART ?)
And ac	MEDICAL	IId INJURY OCCURRED WHILE NOT WHILE TWORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
of Health		22a. I certify that (1) this haspital sow the deceased olive on abave, (1) (we) (did) (did nat)	8/13 198		1, ta they not death accurred on the date a	nd haur and fram the causes stated
detucher tote Dept		226. SIGNATURE	woodland	MO ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED 814/87
MPORTAL		J. Schlue		27e ADDRESS		
		SPECIFY BURIAL		STANISLAUS	BALTO.	COUNTY MD.
6 60M 7/84 15, 4)	50 50	UNERAL DIRECTOR HIMDNEK FUNGA	9705 BELBIR	RD. 21288 1074	1987 BYREGISTRAR 756-	REGISTAAR'S SIGNATURE

	STAT	E OF M	ARYL	AND		
EPARTMEN	OF	HEALTH	AND	MENTAL	HYGIENE	1
				DEATH	9	I

		CERTIFICATE OF DEATH	REG. NO.	4	5
FIRST	PAUL	W. 41.9	20. DATE OF DEATH	-1-87	2b. HO.
Pale	PRACE White	S. DATE OF BIRTH 12-20-1893	6. AGE (IN YEARS LAST BIRTHOLAY) 93 YRS.	MONTHS DAYS	HOURS MIN.
ATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8. NEVER MARRIED [9. BALTIMORE CITY OR COUNT	Y OF DEATH	

12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Retired Barber Lochearn 136 COUNTY 13c. CITY OR TOWN 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? Baltimore 404 North Bend Rd Maryland NO [4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST LAST LAST MIDDLE MIDDLE Ernestina Kar1 Wittig Sommer 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 21207 (IF YES GIVE WAR OR DATES) (YES, NO OR UNKNOWN)

NO -		1212-07-1629	TAUSSULIS LUCILETAII HO	He OOII	campiteid ku.
18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMED		Cerebral	Throm bosis		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Canditians, if any, which		OR AS A CONSEQUENCE OF			
gave rise to immediate cause (a), stafing the underlying cause lost.	ave rise to immediate ause (a), stating the DUETO,	OR AS A CONSEQUENCE OF			
PART 2 OTHER SIGNIFICAN	IT CONDITIONS	CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERMINAL DISEASE OR	CONDITION GIV	EN IN PART 110

20b. IF YES, WERE FINDINGS USED 200 AUTOPSY IN CERTIFYING CAUSES OF DEATH? NO YES [NO [216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

210. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21f LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY

CITY OR TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE A! WORK 220.1 certify that (1) (this hospital) attended the deceased fram

COUNTY

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STATE

and that in (my) (our) apinion death occurred on the date and have and from the causes stated

DEGREE 22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN [

27d PHYSICIAN'S NAME ITYPE OR PRINT

STATE REGISTRAR DECEASED NAME

3. SEX

22e ADDRESS

23c. NAME OF CEMETERY OR CREMATORY 23a BURIAL CREMATION, REMOVAL 23b. DATE (SPECIFY) Burial 8-4-87

Loudon Park Cemetery Baltimore City MD 250. DATE REC'D, BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Loring Byers Funeral Directors, Inc 8728 Liberty Rd. Randallstown, MD 21133

DHMH - 16 50M 4/B2 (VRA 15, 4)

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TO FUNERAL DIRECTOR:

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HOSPITAL

should be detoched with the State Dept IMPORTANT: If Hem

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIE CERTIFICATE OF DEATH

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	2b	H	OUR	0
	11		35	nin

R 24 HRS

MD.

0630	001	AUG	TO REGISTRAR		DEI		EALTH AND MENTAL HY ICATE OF DEATH	8	2 2	
e e	age 3		1. DECEASED NAME TYPE OR PRINT)	Brandy	McCall	WOODROW	AST	August 6,1987	DAY A YEAR	² b но
ge 4 mos	ector. po		Female		White	S. DATE O	ist 6,1987 ar	6. AGE JIN YEARS LAST BIRTHDAY) YRS.	MONTHS DAYS	HOURS
nerol dire		of Office.	70. BIRTHPLACE ISTAT			MARRIEE WIDOWE	D NEVER MARRIED X	9. BALTIMORE CITY OR COUNTY OF DEATH Baltimore County		
	七千	0/	10 CITY OR TOWN OF	DEATH	11. NAME OF HOSPITAL N	JURSING HOME C	R OTHER INSTITUTION	12g USUAL OCCUPATION	12h KIND C	DE BLISTN

1	Baltimore			15n Square Hos		(TYPE OF WORK FOR MOST OF WORK	12b. KIND OF BUSINESS OR INDUSTRY NONe
1	Mary and	136 COUNTY		GIVE RESIDENCE BEFORE ADMISSION) 13(. CITY OR TOWN ADErdeen	13d. INSIDE CITY LIMITS? YES NO (1)	13. STREET ADDRESS / ZIP	CODE St. Apt F1
	Dave	MIDDLE	Uı	nknown	15. MOTHER'S MAIDEN NA	ME At	Derdeen,Md. 21001 Gullion
1	NO OR UNKNOWN)	IN U.S. ARMED		None	Mother- Cin	ADDRESSAL Idy Woodrow 21	perdeen, Md. 21001 Pritchard St
	18 CAUSE OF DEAT PART I DEATH W	ACCALICED BY		Cardiopulmo	nary Arrest		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony	, which	DUE TO, OR	AS A CONSEQUENCE OF Secondary S	evere Prematui	rity	
		ng the	DUE TO, OR	AS A CONSEQUENCE OF			•

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOIX YES 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M. (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE

22a I certify that (this hospital) attended the deceased from sow the deceased alive on August 6, above The we) (did) (did lat) view the body after (our) opinion death occurred on the date and hour and from the causes stated 276 SIGNATURE DEGREE 22c. DATE SIGNED

MEDICAL STAFF DIRECTOR PHYSICIAN ATTENDING PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS

9000 Franklan Squarer Drive Ba Windre Ind

Havre de 21237 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY (SPECIFY) Md. Grace, Harford Burial 8/14/87 Angel Hill Cemetery 24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84

Tarring Funeral Home, PA, Aberdeen, Md. 21001-3399

AUG

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

7.0	4110	1.	FOR STATE		DEPAR		EALTH AND MENTAL HYO	SIENE /	2 %	64	-1		
76	AUG		GREGISTRAR						3. NO 3				
page 3			CEASED NAME FIRST E OR PRINT)	MI	DDLE		AST	20 DATE OF DEAT		DAY YEAR	2b HOUR		
e			Mildred	1 G		WRIG	HT	August	5, 198	37	7:20P		
er o		3. SE		4. RACE		5. DATE C		6. AGE (IN YEARS LA	ST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HR		
o	1		Female	White		A 110	ust 15, 1908	78	YRS	MONTHS DAYS	HOURS		
V	50	24-8	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF W	HAT COUNTRY	2 8		9 BALTIMORE CI		Y OF DEATH	1		
1	Port 1	6	COUNTRY)	****			D NEVER MARRIED	Raltimo	re Coun	+v			
0		110 C	Maryland ITY OR TOWN OF DEATH	USA	OSPITAL NURS	WIDOWE	DE DIVORCED DIVORCED	120 USUAL OCCU			OF BUSINESS C		
	5	V			FACILITY, GIVE STRE		, , , , , , , , , , , , , , , , , , ,	(TYPE OF WORK FOR M			N 000111200 C		
	2	1	Rossville		lin Squ		spital	Housewi	fe ·	Own	Home		
P P	271	130	AL RESIDENCE (IF NURSING HOME OF		IVE RESIDENCE BEFO		13d. INSIDE CITY LIMITS?	13e.STREET ADDRE	SS / ZIP COD	E			
8	2	1	Maryland Ba	ltimore	Dunda	1k	YES NO NO			Road 21	222		
N D	The same	14 F	ATHER'S NAME		LAST		15 MOTHER'S MAIDEN NA	AME					
2/	Xom	1/		WIDDLE	Kerr		Fenton	MIDE	T.E.	Ston			
	0	160.	Clarence WAS DECEASED EVER IN U.S. A	RMED FORCES?	66 SOCIAL SEC	LIRITY NO	17 INFORMANT	Al	ODRESS	50011			
000	medic			IVE WAR OR DATES)									
			No		<u> 220-74-</u>	0577	Mildred I.	Schmidt	7450_Ed				
per vol.	- i		18 CAUSE OF DEATH (Enter of	inly ane cause per li	ne far (a), (b), c	ind (c).)				BETWEEN	IMATE INTERVAL ONSET AND DEAT		
npa	ve >		PART I. DEATH WAS CAUS	ED BY: ATE CAUSE (a)	Card	iopulm	onary arrest						
d a	9		DUE TO, OR AS A CONSEQUENCE OF ASPIRATION Pneumonia										
2	1		Condition of the	DUE TO, OR	AS A CONSECU	ration	Pneumonia						
NO S	1		Canditians, if any, which gave rise to immediate	gave rise to immediate									
ĒŦ.	1 /		cause (a), stating the underlying cause last										
0 0	1		onderlying cause last										
o pou	16.00	Z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
Tai	E -	CERTIFICATION	196 DATE OF OPERATION	I 104 CONIDIT	ON 803 1401	LI OPERATIO	N WAS PERFORMED	200 AUTOPSY?	Tool IF VE	S, WERE FINDIN	NCC HCED		
e pr	30	5	176 DATE OF OPERATION	170. CONDIT	ION FOR WHIC	H OFERATIO	N WAS PERFORMED	200 AUTOF31		FYING CAUSES			
gien g	9/	1						YES NO		ES 🗌	NO 🗌		
No. of Lots	18	B	210. ACCIDENT WAS UNDERLYING	21b. TIME OF	INJURY . MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF	INJURY IN ITEM 18	PART I OR PART 7)			
Aental-t	E	A	OR CONTRIBUTING CAUSE OF DE	LA III		19							
Me	2	WEDICAL	216 INJURY OCCURRED	21e PLACE O			21f LOCATION						
puc	P	X	WHILE NOT WHILE AT WORK	(AT HOME STREET	T, FACTORY, OFFICE	FARM ETC)	STREET	CITY	OR TOWN	COUNTY	STATE		
3 4	ar a					In Inc	20	07 · /\	iquet 5	27			
T ep	5 7		220.1 certify that (I (this has	August	deceased fram	- An In	, , ,		igust 5.	, , ,,	that (I (we) la		
à	21		saw the deceased alive a abave, (1)(we) (did) did n			, ai	nd that in (my) (aur) apinian	death accurred an t	ne date and hav	ui and fram the	causes stated		
p t	e a		226. SIGNATURE				DEGREE			22c. DATE	SIGNED		
e De	÷		Allen			2/	ATTENDING PHYSICIAN I	MEDICAL	STAFF	18/0	107		
with the State	Ž -	1	224 PHYSICIAN'S NAME (TYPE	On parkets		0	22e ADDRESS	DIRECTOR PH	YSICIAN	19/3/	- 1		
he	RIA							2	D	21227			
3	0		Dr. D. Law	ler, M.D.			9000 Frank	lin Square	urive	-21231			
, 3	2		BURIAL, CREMATION, REMOVA	L 23b DATE	230	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION					
			(SPECIFY)	8-8-	97	Day	kwood	Balti	more Ma	rvland	STATE		
		24 E	Burial UNERAL DIRECTOR Dura		0/	rai	Dundalk 250. DA				TLIDE		
60M	7/84	117	NAME DIRECTOR Dud	a-Ruck Fu	ineral h	iome of	11222	LIO 4			UKE		
15, 4))		792	2 Wise Av	re. Dunc	lalk,	ALLE	UG 10 400	17 1.1.	R- V	V) 0		

sing physician and completely filled in by the funeral director, page 3 are property. Pages1 and 2 shalld be filed within 72 hours after the property of the p

	· FOR
1	RTATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATHS

1	I DECEASED NAME FIRST		MIDDIE		L.	AST	20. DATE OF DEATH	DAY YEAR 26 HOUR				
10	ITYPE	OR PRINT	bert		1	ablowsky	Aug. 25,	1987		9:35 A		
11	3. SE)	X	4 RACE		5. DATE C	F BIRTH	6. AGE IN YEARS LAST B		F UNDER 1 YEAR	IF UNDER 24 HRS		
	MA	LE	WHITE		DEC	25,1904	82	ONTHS DATS	HOURS MIN,			
0/		RTHPLACE STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH			
6	LA	TVÏA	US	MARRIED		DIVORCED [BALTIMO	RE COUN	INTY			
01	10 CI	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		R OTHER INSTITUTION	120 USUAL OCCUPAT		F BUSINESS OR			
10	BA	LTIMORE	17 COB	BLESTON	CT., A	PT. 1D	JEWELER RETAIL					
11		AL RESIDENCE HE NURSING HOME COLORED		GIVE RESIDENCE SEFORE	ADMISSION)	1134 INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP CODE		APT. 1D		
22	MA	RYLAND BA	LTO.	BALTIMO		YES NOX	17 COBBLE	STONE C	CT. #2	21215		
1	MAFA	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME		LAS	1		
20	1	MORRIS		LONSKY		ÄNNIE			FOGE	iL .		
		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? IVE WAR OR DATES)	166 SOCIAL SECU	RITY NO.	17 INFORMANT	IRS. ROSE A	DLER				
	N	0		216-32-8	3237	3502 INGLESIDE AVE. BALTO, MD 21215						
		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	inly one couse per		Ar-	1	I wal-	L.		ONSET AND DE IM		
) b		IMMEDIA	ATE CAUSE (o)	acod	m	ngocencia	ingon	1100	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	minute		
			DUE TO, O	R AS A CONSEQUE	ENCE OF	V	//		1	oons		
4		Conditions, if any, which gave rise to immediate	(b)_	736	VP	1						
		cause (a), stating the underlying cause last	DUE TO, O	R AS A CONSEQUE	NCE DE	mallal			~	sers		
		PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR COL	NDITION GIVE	N IN PART			
Colu	NO											
17	CERTIFICATION	190 DATE OF OPERATION	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b. IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DE						
	TIF						YES NO	YES		NO [
0	-	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	LIOUD A	FINJURY M. MONTH D	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	URY IN ITEM 18 PA	RT I OR PART 2)			
1	CAL	(IF EITHER, NOTIFY MEDICAL EXAMIN	ER) P.	м.	19							
Ď,	MEDICAL	21d. INJURY OCCURRED	21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	211. LOCATION STREET	CITY OR I	OWN	COUNTY	STATE		
N V		AT WORK AT WORK				81	1	-75	W7			
E S		22a.1 certify that (1) this has		e deceased from	107	nd that of fine (aur) opinion	death accurred on the	date and how		that (11 (we) last		
7 E		obove, (I) (we) (did)(did r	ot) riev the bady	ofter death.		DEGREE	dedili decorred on me		122c DATE			
E /		an an	/W 1	h/UI	ATTENDING		AFF		25/87			
2-1		226 PHYSICIAN'S NAME HYPE	OR PRINTS	M.C.	7	PHYSICIAN 722e. ADDRESS	DIRECTOR PHYS	ICIAN				
S /		LOUIS MIL			-		COURT RD.	BALTO.	MD 3	21208		
}	230 5	BURIAL, CREMATION, REMOVA			NAME OF C	EMETERY OR CREMATORY	123d LOCATION	באשוט.	7110 2			
		BURIAL	AUG.26			COB ANSHE VES	CITY OR TOWN	EDALE	BALTO.	MD		
	24 FL			ON & BROS			TE REC'D. BY REGISTRA		AR'S SIGNAT			
83	6	O10 REISTERSTO	WN RD.	BALTO, MI)	21215 AU	348 1987	Julia d	water.	Pandree		

DHMH - 16 50M 4/1 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been should be detached for use as the burial-transit permit. I with the State Dept. of Health and Mental Hygiene priori

DING PHYSICIAN: The law or attending physician.

ATTENDING

retained by the haspital TO HOSPITAL

Miller distant

RELIGIO TENTE PROPERTY OF THE PROPERTY OF

2014

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2241

87 REGIS	TRAR				CERTIF	ICATE OF DEATH	0 ,	REG. NO				1	
T DECEASED	NAME	FIRST		AIDDLE		AST	2a. DATE	OF DEATH		DAY	YEAR	2b. HOU	
	ال	OHN	CH	ARLES	ZE	ELLER			8	98	87	43	PM-M
3. SEX		4	RACE		5. DATE C		6. AGE	(IN YEARS LAST BIR	HDAY)	-	ERIYEAR	IF UNDE	
MAI	Œ		CAUCA	SIAN	ATMOM	a7 a1		6	6 YRS	MON1HS	DAYS	HOURS	MIN.
70 BIRTHPLA		DREIGN 7	CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTI	MORE CITY O	R COUN	ITY OF DI	ATH		
COUNTRY	MY	1	U-3	.A.	WIDOWE		B	ALTIMOF	E CO	UNTY			MD.
IN CITY OR T	OWN OF DEA	TH / 1				OR OTHER INSTITUTION	12a USU	AL OCCUPATI	ON	12b	KINDO	F BUSIN	
	INV/SONI	1	ST STE	H FACILITY, GIVE STREET	ADDRESS)	bsatal		WORK FOR MOST O	FWORKING	S LIFE) IN	DUSTRY	20	
				GIVE RESIDENCE BEFOR		Oct / Ir		VENUE			IF	<u> </u>	
MD.		COUNT	Y	BALTIM		YES NO [21	6 S. EA				2122	24
14 FATHER'S	FIRST	м	IDDLE	(AST		15 MOTHER'S MAIDEN NA	AME	MIDDLE			ŁAS	σT	
W	MAILLI		C.	ZELLER		LENA				B	LANK		
WAS DEC	CEASED EVER I		ED FORCES?	166. SOCIAL SECT	JRITY NO.	17 INFORMANT		ADDRE	55 54	150 B	UCKN	JET I	RD.
YES	D PUNKNOWN)	WW		220-05-	4348-7	ELIZABETH	STEI	N (SIST		212			
18 CAL	USE OF DEATH	(Enter only	one couse per	line for (o), (b), or	nd (c).1	4					APPROXI	MATE INTE	RVAL
PAF	RT I. DEATH WA	AS CAUSED IMMEDIATE		BRAIN	TUI	4018							
150				R AS A CONSEQU	ENCE OF				- 44				35
Condi	itians, if ony,	which	((b)	(AO A CONSE C O	E110E 01								
	rise to imm		DUETO	AS A CONSEQUE	ENCE OF								
under	underlying couse lost DUE TO, OR AS A CONSEQUENCE OF												
PART 2	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110												
NO													
CERTIFICATION 19 TO 19 T	TE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a A	UTOPSY?			WERE FINDINGS USED		
TER							YEST	TON F	IN CER	YES T	LAUSES	OF DEA	
21a. AC	CIDENT WAS UND	ERLYING	216. TIME O			21c. HOW INJURY OCCUP	RRED (ENTE		Y IN ITEM	IS PART I OF	PART 2)		
	HER NOTIFY MEDIC		HOUR A.I		DAY YEAR								
	JURY OCCURR		21e PLACE	OF INJURY	21f LOCATION								
WHILE AT WORK	NOT WHI	ı€ □	(AT HOME, STR	EET, FACTORY, OFFICE,	FARM. ETC)	RM, ETC.) SIREET CITY OR TOWN COUNTY							STATE
22a.1 c	ertify that (I) (this hospite	ol) ottended the	e deceased from	Augus	25 , 19 B	7	Dugue	¥ 28	19 6	7	that (I) ((we) lost
sav	w the decease	d alive an	Jugust		370 .01	nd that in (my) (aur) apinian	death acc	urred on the do	te and h	naur and f	rom the	causes st	roted
	GNATURE	a) (did nor	A	oner deam.		DEGREE				2:	t. DATE	SIGNED	
	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN								-	8-	28-	87	
22d. PH	YSICIAN'S NA	ME TYPE OR	PRINT	7		22e. ADDRESS C7	115			TAL			
E	DUHRI	00	P. LI	1746		7620 YORK	RD	1-11	- 4 ,	MD.	21	200	1
230 BURIAL	CREMATION, F	REMOVAL	23b DATE	230	NAME OF C	EMETERY OR CREMATORY	123d 10	OCATION	-/.			<i>y</i>	
(SPECIFY)	RIAL		8/31/8			HEART JESUS		ALTIMOF	E	COUP	TY	M	STATE

OHMH-16 60M 7/84 24 FUSCH WINEK FUNERAL HOME, INC. 21213 3331 Brehms Lane, Balto. Md. 21213

SEP 0 1 198

S STANCE A

SEP 0 1

STATE OF MARYLAND

26 HOUR

12:40a m

IF UNDER 24 HRS

STATE

250. DATE REC'D. BY REGISTRA 256 REGISTRAR'S SIN

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR

9	-	1-	FOR STATE REGISTRAR		DEPARTN	NENT OF H	E OF MARYLAND EALTH AND MENT HYG ICATE OF DEATH	TENE 2 2	4 2		
626	3 4 AUG 13		CEASED NAME FIRST		MIDDLE		AST	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
9	deo th	(TYPE	ORPRINT) Bess	10		2-e	nuk	8	-4-8	7	1118 an
6 4 6	or. p	3. SE	ÉMALE	4. RACE WHI	re	5. DATE (NE 16,1906	6 AGE (IN YEARS LAST BIRT		INDER I YEAR	HOURS MIN.
	neral direct	RL	RTHPLACE (STATE OR FOREIGN SOUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED D	9 BALTIMORE CITY OF BALTIM	R COUNTY OF		WE
101	by the fu		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET ALBELT LIMORE COUN		OF HOME OF OTHER INSTITUTION ADDRESS) OF HOSP.		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HOUSEWIFE AT			
AND 212	filled in rould be	13a. S MA	AL RESIDENCE (IF NURSING HOME OF TATE 13b. COUL	R OTHER INSTITUTION NTY	131. CITY OR TOWN	ADMISSION) N	13d. INSIDE CITY LIMITS?	13. SIREET ADDRESS / 6942 MILBE	ZIP CODE AI	APT. RK DR.	210
MARYL,	mpletely ond 2 sh	JA FA	THER'S NAME	WIDDLE	FOREMA	g _N	15. MOTHER'S MAIDEN NA	UNKNOWN		LAS	
MORE,	Pages, 1		VAS DECEASED EVER IN U.S. AF (ES NO OR UNKNOWN) (IF YES, GI	RMED FORCES? VE WAR OR DATES)	166 SOCIAL SECU 214-22-0		17 INFORMANT I	ERBERT LOOM		¥. ∦21202	2
ST., BALT	ng physicio ban papers remaval. ic event, be		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA	nly one couse pe D BY: TE CAUSE (a)	r line for (a), (b), and		ane	+		APPROXI BETWEEN C	MATE INTERVAL ONSET AND DEATH
1 W. PRESTON S	by the attendance conservation, only, comparion, or ather fraction		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	(b)_	DR AS A CONSEQUE	251	5				
rDS, 20	signec Then ple ta burit njury, a	N O	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11a								
DIVISION OF VITAL RECORDS,	an. has beer t permit. iene priar	CERTIFICATION	190 DATE OF OPERATION	19b. COND							IGS USED OF DEATH?
OF VIT	g physical sertificate rial-trans ental Hyg tem 18 s		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A	DF INJURY M. MONTH DA M.	YEAR	21c. HOW INJURY OCCURI	RED (ENTER NATUR OF INJUR	Y IN ITEM 18 PART	I OR PART 2)	
IVISION	attendin ter this c is the bur h and Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (AT HOME ST	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	21f LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
TIENDIN	Spital ar CTOR: At for use of Healt 121 is ma		220.1 certify that II (this haup	8-0	198	8-	nd that in (my) (our) opinion	, to	te and hour or	and from the	that (h (we) lost couses stated
	y the har RAL DIREG detached ate Dept.		22b. SIGNATURE	C			DEGREE ATTENDING PHYSICIAN [MEDICAL STAF		8 -C	F - 87
II OS OH	D FUNER The Strain the		22d PHYSICIAN'S NAME (TYPE OF	G (irsis		Balty	vore (mi	fy GE	EN HOSP
2	ē ₹ % ₹ ₹	230 F	BURIAL CREMATION REMOVAL	Tash DATE	1 23c N	JAME OF C	EMETERY OR CREMATORY	123d LOCATION		7	

DHMH - 16 60M 7/84 (VRA 15, 4)

SPEBURIAL

23a. BURIAL, CREMATION, REMOVAL

BP.

24. FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTO., MD

23b. DATE

AUG.6,1987

21215

23c. NAME OF CEMETERY OR CREMATORY

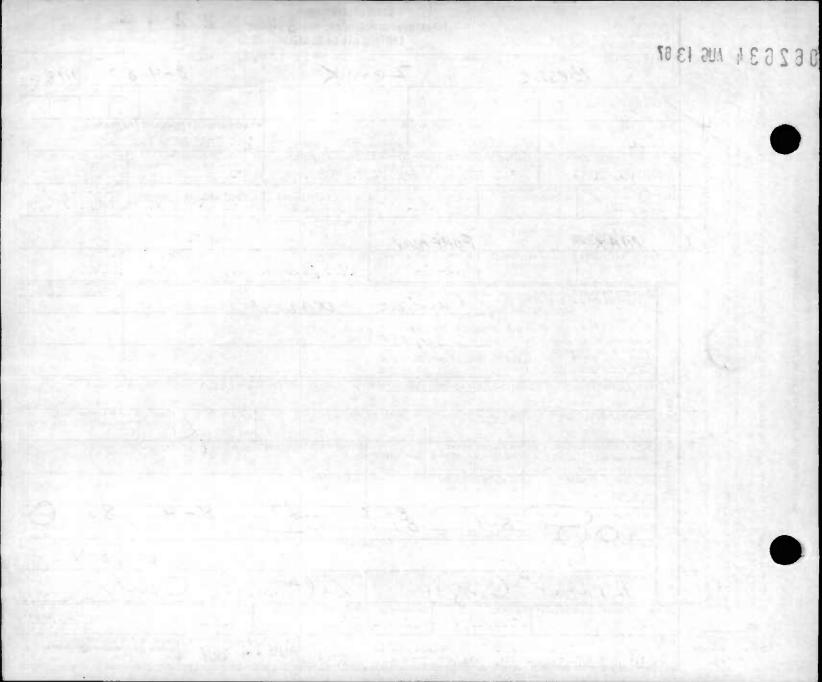
BETH TFILOH

AUG 12 1987

BALTIMORE

23d. LOCATION

MARYLAND



		1.	FOR STATE REGISTRA			DEPARTM		EALTH AND MENT		NE RANA	42	2	
, e	m.£		CEASED NAME FIE			DDLE	L	išt	* 2	DATE OF DEATH MONTH	DAY YEAR	26 HOUR	
5ê A	NE 10 81	3. SE	×	Anna M.		0	5. DATE O			O8-05-87 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YE		
9 9	rs of		Female		Cau	casian	12-	-22 -9 6	EAR	90 v	RS NONTHS	TS HOURS MIN.	
0	hou hou	7a B	RTHPLACE (STATE OR FOREIG	GN 76 CIT 12	EN OF W	HAT COUNTRY?	8	NEVER MARRIE	ED []	BALTIMORE CITY OR COL	JNTY OF DEATH		
leoth	nero F 72		Michigan		U.S.A		WIDOWE			Baltimore	COUNT	Y M	
fter d	d the fu	10 C	TY OR TOWN OF DEATH			OSPITAL, NURSING FACILITY, GIVE STREET A		R OTHER INSTITUTION		TO USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORK		D OF BUSINESS OF	
a san	fled fled		Pikesville			d Milford N		ed		Homemaker			
24 hou	ald be	13a		COUNTY		134 CITY OR TOWN		134. INSIDE CITY LIA		130 STREET ADDRESS / ZIP CODE 2120			
hin	short short	14. E/	Maryland ATHER'S NAME	Baltimo	re I	Pikesvill	Le	15. MOTHER'S MAIL	7	4110 Old Milfor	d Mall Ros	d	
ed wit	of Cale		Edward Karr	MIDDLE	LAST			FIRST RheA MIDDLE			KART		
ecut	Poges medical		VAS DECEASED EVER IN L	J.S ARMED FO		166 SOCIAL SECUI	RITY NO.	17 INFORMANT	Mr. Sar	ruel J. Zito			
9	Poges medic	,	No	7.5 0112 11 11 011	DATES	217-03-3	3503	' -	ke Ave		timore Mar	vland 2121	
that the death cert	d by the ottending lease remove corbor lease remove corbor iol, cremation, or record or other traumatic expressions.		Conditions, if any, wh gove rise to immedi- couse (a), stating	ote ((b) h	AS A CONSEQUE AS A CONSEQUE	NCBOF	chomic otic co	c g	estric ul	cor		
equires	fhen p to bur njury,	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIG										
e low r	hos been permit. I she prior	CERTIFICATION	19a DATE OF OPERATION	196	CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFORMED			IF YES, WERE FIN ERTIFYING CAUS YES		
CIAN THE	certificate rial-transit ental Hygue Item 18 sho		210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSI	E OF DEATH	TIME OF DUR A.M P.M	MONTH DA	Y YEAR	21c. HOW INJURY	OCCURRE	D (ENTER NATURE OF INJURY IN ITE			
G PHYS	er this c s the bur and Me	MEDICAL	21d. INJURY OCCURRED WHILE AT WORK AT WORK	/AT		F INJURY ET FACTORY, OFFICE, FA	ARM ETC)	211 LOCATION STREET		CITY OR TOWN	91c COUNTY	STATE	
TTENDIN	TOR. After use or of Health		220.1 certify that (1) (this saw the deceased a abave, (1) (we) (did)	live on		19	8/	10 , 19, d that in (my) (our) (89 opinian de	oth occurred on the date on	d hour and from		
AL OR A	AL DIREC detached ote Dept JT. If Item		226. SIGNATU	Kari)-0	for		DEGREE ATTENI PHYSI		MEDICAL STAFF PIRECTOR PHYSICIAN [21	7/87	
D HOSPIT	should be de with the State		TAHOOR	A K	CA	WAJA	+	8204	Live	very Rd M	301/11/ 0212	vore	
T o	F 30 5 5		BURIAL, CREMATION, REM	10VAL 236. D	ATE		IAME OF C	EMETERY OR CREMA	ATORY	23d. LOCATION CITY OF TOWN	COUNTY	STATE	

Loring Byers Funeral. Directors, Inc

8728 Liberty Road Randallstown Maryland 21133

DATE REC'D. BY REGISTRAR BY DEGISTRAL S SIGNA URI

STATE OF MARYLAND

DHMH - 16 60M 7/84 (VRA 15, 4) 24 FUNERAL DIRECTOR

2195 AUG 1007

CAMPILL THE END OF THE PARTY

22223 2000

rail director, page 3

deoth. Poge 4 may

requires that the death certificate be executed within 24 haurs after

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the hospital or attending physician. ond can

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and ce should be detached for use as the buriol-transit permit. Then please remaye carbon popers. Pages with the State Dept. of Health and Mentol Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If them 21 is marked or them 18 shows any injury, ar other traumatic event, the medical

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL

1	FOR STATE	DEPART		EALTH AND MENTAL HYGICATE OF DEATH	3 /	2 0		
	REGISTRAR CEASED NAME FIRST	WIDDLE		AST	REG. N	MONTH DAY	42	HOU
	E OR PRINT)					F 1007		1 004
	Milo	ren M. Zumstein	Tr sarro	AC BIDTH	AUGUST	5, 1987		1:00AM
3. SE		4 RACE	5. DATE C	DAY YEAR	AGE TINTERNSTAST OF	MONTH		URS MIN.
P	EMALE	CAUCASIAN	9	26 1914	12	YRS.		
7s. B	IRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIEI	NEVER MARRIED	9. BALTIMORE CITY O	EATH		
12	MARYLAND	1 U.S.A.	WIDOWE		BALTIME	O a Dear	UNT	MD.
10 0	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		R OTHER INSTITUTION	128. USUAL OCCUPAT		b. KIND OF BU	JSINESS OR
Pe	erry Point, Md.	VA Medical Co			HOUSELL	1156	-	-
USU		Annual Print Control	RE ADMISSION)		13e. STREET ADDRESS		-1/:	71001
1	MD VSAU	TINORE		YES NO NO		94 SOUT	HO	1202/
0	ANSNEFU)	MIDDLE ELKEALS	Ello	GRACE	WIDDLE		Klake	-
	WAS DECEASED EVER IN U.S. A		URITY NO.	17 INFORMANT	ADDR	ESS		
	(YES, NO OR UNKNOWN) (IF YES, C	GIVE WAR OR DATES) 216 10	0452	VAMC, Perry	Point, Mar	yland		
	18 CAUSE OF DEATH (Enter	only one cause per line for (a), (b), ar					BETWEEN ONSE	TAND DEATH
	PART I. DEATH WAS CAUS	ATE CAUSE (0) Cardiac	arres	t				
100		DUE TO, OR AS A CONSEQU	IENCE OF					
	Conditions, if ony, which	(Broncho		nia				
	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQU	IENCE OF					Variation
	underlying couse lost. (Septic shock							
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO		NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN	PART 10	
Z								
Y	198 DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDINGS USED NG CAUSES OF DEATH?	
Ĕ	53141115				YES NOT	YES []		10
CERTIFICATION	21a. ACCIDENT WAS UNDERLYING			21c HOW INJURY OCCUR		(ENTER NATURE OF INJURY IN ITEM TO, PART 1 OR PART?)		
	OR CONTRIBUTING CAUSE OF D	PEAIR	AY YEAR					
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMIN	P.M. 21e. PLACE OF INJURY	19	21f LOCATION				
ME	WHILE NOT WHILE AT WORK	AT HOME STREET, FACTORY, OFFICE.	FARM, ETC)	STREET	CITY OR TO	OWN (YINUO	STATE
		pital) attended the deceased from,		6-30 1987	, to	8-5- 19-		
	saw the deceased alive a	on 8-5- 19	87 . 01	nd that in XX) (our) opinion (death occurred on the o	late and hour and	from the cour	ses stated
	226 SIGNATURE	7 /	1	DEGREE			22c. DATE SIG	NED
	1	remonal	, M.	D ATTENDING PHYSICIAN F	MEDICAL STA	CIAN PO	8-5-87	7
1	224. PHYSICIAN'S NAME (TYPE		1	22ª ADDRESS				
	PREM LAL,	M.D.		VAMC, Perry	Point, Man	rvland		
230	BURIAL, CREMATION, REMOVA	AL 23b. DATE 23c.	NAME OF C	CEMETERY OR CREMATORY	1234 LOCATION	7		
230	(SPECIFY)	421	OU DON		CITY OR TOWN	CO	UNITY	STATE
24	BULLAL FUNERAL DIRECTOR	0-1-8/	DON		E REC'D. BY REGISTRAN	PISS DECISTOR	S S ICO NATION	(4.1)
1	NAME	AODRESS	363	244 AUG 13	1007 9	The state of the s	The state of the s	1
	accurry runeral	Home, Pasadena,	Md.	711/20C	1-411			

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DHMH - 16 50M 1/81 (VRA 15, 4)

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